



THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU

MASSACHUSETTS WORKERS' COMPENSATION STATISTICAL PLAN

The Workers' Compensation Rating and
Inspection Bureau of Massachusetts
101 Arch Street, Boston, MA 02110

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INTRODUCTION

The Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBMA) collects unit statistical data and aggregate financial data to fulfill its role as the designated rating organization and statistical agent for the Massachusetts Commissioner of Insurance.

The Massachusetts Commissioner of Insurance issued general instructions, known as the Massachusetts Workers' Compensation Statistical Plan (Statistical Plan), on January 2, 1929, for the preparation and filing of experience with the WCRIBMA on all policies effective in Massachusetts on and after January 1, 1929.

On June 30, 2000 the Massachusetts Commissioner of Insurance ordered that effective immediately Part I of the Statistical Plan shall relate to the unit statistical data and Part II shall relate to aggregate financial data.

The Statistical Plan contains the following Parts:

Part I – Unit Statistical Data

- The instructions for the reporting of unit statistical data are contained in “Part I – Unit Statistical Reporting”.
- Applicability:
 - Every insurance company authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts shall file with the WCRIBMA complete unit statistical information in accordance with the instructions contained herein, for:
 - every policy with Massachusetts exposure and
 - policies where Massachusetts was included on an “if any basis” and subsequently did not develop Massachusetts exposure.
 - If an insurance company is no longer authorized to transact the business of workers' compensation in Massachusetts, it must continue the reporting of complete unit statistical information in accordance with the instructions contained herein for all policies written.
 - Self-Insurance Groups may contract with the WCRIBMA for purposes of calculating experience ratings and consequently would have to adhere to the rules for reporting unit statistical data.

Part II – Aggregate Financial Data

- The instructions, and sample forms for the reporting of aggregate financial data are contained in “Part II – Aggregate Financial Reporting”.
- Applicability:
 - Every insurance company authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts shall file with the WCRIBMA complete aggregate financial data in accordance with the instructions contained herein, on every policy.
 - Insurance companies who cease writing workers' compensation insurance may request to be exempt from submitting aggregate financial data if their Massachusetts workers' compensation direct calendar year earned premium does not exceed \$100,000 and their direct calendar year incurred losses do not exceed \$100,000.
 - Self-Insurance Groups authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts are **not** required to file aggregate financial data with the WCRIBMA.

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Part III – Definitions

- The definitions for terms associated with reporting unit statistical data and aggregate financial data are included in “Part III – Definitions”.

Part IV– Examinations and Reconciliations

- Information detailing the reconciliation of unit statistical data and aggregate financial data is outlined in “Part IV – Examinations and Reconciliations”.

Part V – Data Quality Compliance Programs

The WCRIBMA's data quality fining processes for unit statistical data and aggregate financial data are detailed in “Part V – Data Quality Compliance Programs”.

Circular letters announcing changes will be posted on the WCRIBMA's website.

PART I

UNIT STATISTICAL REPORTING

SECTION I

GENERAL INSTRUCTIONS

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PART I – UNIT STATISTICAL REPORTING

SECTION I - GENERAL INSTRUCTIONS

A. Unit Statistical Data

1. Unit statistical data is the exposure, premium, and loss information that is first valued 18 months after the policy effective date and annually thereafter.
2. WCRIBMA collects, processes, and analyzes unit statistical data for the following purposes:
 - Ratemaking
 - Experience rating
 - Actuarial analysis
3. The classifications, exposure act and rates reported on unit statistical reports must be consistent with the WCRIBMA's filed and approved rates.
4. The premiums reported on unit statistical reports must be consistent with the WCRIBMA's filed and approved rating procedures.
5. Unit statistical reports should reflect exposures and premiums as of the final audit of the policy. If the final audit has not been completed, report estimated exposures and premiums pending completion of the audit.
6. All reported injuries that incurred medical loss, indemnity loss, or allocated loss adjustment expense must be reported as claims consistent with the carrier's claim files at the appropriate valuation date.

B. Validity of the Unit Statistical Report

The unit statistical reports submitted to the WCRIBMA are edited for accuracy and validity including but not limited to the following criteria:

1. The unit conforms to the rating rules found in the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#), [Experience Rating Plan Manual](#), [Retrospective Rating Plan Manual](#). Department of Insurance Regulations and Bulletins and other guides and manuals distributed by or on behalf of the WCRIBMA. Nothing in the Statistical Plan should be construed to supersede any rules or procedures set forth in the above mentioned manuals.
2. The unit reflects coverage and benefits in accordance with the Massachusetts Workers' Compensation Law, Federal Employers' Liability Act (FELA), Merchant Marine Act of 1920 (Jones Act) and United States Longshore and Harbor Workers' Compensation Act including Defense Base Act, Civilian Employees of Nonappropriated Fund Instrumentalities Act and Outer Continental Shelf Lands Act.
3. The statistical class codes and other elements contained on the unit statistical report must conform to this Statistical Plan.

C. Interstate Experience Rated Risks

For all interstate experience rated risks, a duplicate copy of the Massachusetts experience shall also be filed with the National Council on Compensation Insurance (NCCI).

D. Whole Dollar Reporting

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All dollar amounts should be reported as whole numbers without decimal places. Values to the right of any decimal place that are greater than or equal to .50 should be rounded upward. Values to the right of the decimal place that are less than or equal to .49 should be rounded downward.

E. Reinsurance

No deduction is made from premiums and losses for, or as a result of, reinsurance ceded. Premiums and losses associated with reinsurance assumed by the reporting carriers are excluded from the experience reported to the WCRIBMA.

F. Uncollectible Premiums

1. For those policies on which an audit has been conducted and the earned premium is known, but all or some portion thereof is uncollectible, report all earned premiums. **Do not** reduce reported premiums for uncollectible premiums.
2. Policies on which a final audit is not possible and therefore the audited earned premium and exposure is not known, report the estimated earned premium and exposure corresponding to the term of coverage.

G. Group Claim Option

For policies effective on or after January 1, 2007, it is no longer permissible to group any claims for unit statistical reporting purposes.

H. Policy Term Greater Than One Year and 16 Days in Length

If the policy term is a multiple of 12 months, the policy term is divided into consecutive 12 month segments.

If the policy term is not a multiple of 12 months, the policy term is segmented in the same manner as specified on the Policy Period Endorsement (WC000405). The Policy Period Endorsement identifies either the first or last segment as the short-term segment, a segment of less than 12 months.

The beginning date for each segment shall be used for determining when losses are to be valued and when unit statistical reports are due. This is comparable to the use of the policy effective date for determining when losses are to be valued and when unit statistical reports are due for policies having a term of no more than one year and 16 days.

Examples:

1. The unit statistical reports on a three-year policy effective on July 1, 2008 shall be filed with the regular unit statistical reports on policies effective July 2008, July 2009, and July 2010. First unit statistical report losses shall be valued as of January 1, 2010, January 1, 2011, and January 1, 2012, respectively.
2. The unit statistical reports on a policy covering the period July 1, 2008 to October 1, 2009 with the first three months specified as the first reporting segment on the policy period endorsement, shall be filed with the regular unit statistical reports on policies effective July 2008 and October 2008. First unit statistical report losses shall be valued as of January 1, 2010 and April 2010, respectively.
3. The unit statistical reports on a policy covering the period July 1, 2008 to October 1, 2009 with the first twelve months specified as the first reporting segment on the policy period endorsement shall be filed with the regular unit statistical reports on policies effective July 2008, and July

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2009. First unit statistical report losses shall be valued as of January 1, 2010 and January 1, 2011, respectively.

Note: A policy issued for a term not longer than one year and 16 days is treated as a one-year policy.

I. Special Rules for Reporting Disease Experience

1. Specific Disease Loading - Manual rates include premium for the disease exposures covered by the Standard Policy. The rates for certain class codes contain specific disease loads which may be removed if approved by the WCRIBMA. If the specific disease load is removed from the rate, the reported rate should equal the WCRIBMA approved rate less the specific disease load. Also, associated premiums should reflect the rate reduction resulting from the removal of the specific disease load.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#)

2. Supplemental Disease Loading - A supplemental disease loading may be added to a manual rate applicable to an individual risk if approved by the WCRIBMA. If a supplemental disease load is added to a rate, the reported rate should equal the WCRIBMA approved rate plus the supplemental disease load. Also, associated premiums should reflect the rate increase resulting from the addition of the supplemental disease load.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

3. Supplemental Disease Rates [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#) rules provide that the payroll of all employees exposed to (a) a foundry hazard (except payrolls properly assignable to certain specific codes) or (b) an abrasive or sand blasting hazard (except for employees rated under a classification where the manual rate provides coverage for silicosis) must be specifically stated and a special supplementary disease rate shall be charged on this payroll in addition to the manual rate. The payroll to which the supplementary disease rate is applicable, together with the manual premium derived from such charges, shall be assigned to the appropriate statistical class code-either 0065, 0066, 0067, or 0059.

Dust disease losses incurred in connection with payrolls reported under statistical class code 0065, 0066, 0067 or 0059 shall likewise be assigned to the same statistical class code.

4. Disease losses shall be identified in the type of loss field by the appropriate code for disease loss. Refer to [Section VI – Loss Record Data, Subsection C.13](#)

J. Experience Under the National Defense Projects Rating Plan

The experience of policies written under the National Defense Projects Rating Plan shall not be reported on unit statistical reports.

K. Electronic Reporting

All unit statistical reports must be submitted electronically. The electronic data submission requirements can be found in the Data Reporting area of the [WCRIBMA's web site](#).

Data file formats are found in the [Workers Compensation Insurance Organizations \(WCIO\) Data Specifications Manual](#).

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L. WCRIBMA Contact

All correspondence, including questions and requests for additional information on these calls, should be directed to:

Data Operations Department – WCRIBMA
101 Arch Street, Fifth Floor
Boston, MA 02110

Phone: (617) 439-9030
Fax: (617) 439-6055
Email: DataOperations@wcribma.org

PART I

UNIT STATISTICAL REPORTING

SECTION II

FIRST UNIT STATISTICAL REPORTS

AND

RE-VALUATIONS

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SECTION II – FIRST UNIT STATISTICAL REPORTS AND RE-VALUATIONS

A. Date of Valuation and Filing

Unit statistical reports are valued and due as follows:

Unit Statistical Report Level	Number of months since policy (or segment) effective month	Due at WCRIBMA (in months)	Delinquent and Fined on First day of the following month	Data Reported	
				Exposure	Loss
First	18	20	21st	X	X
Second	30	32	33rd		X
Third	42	44	45th		X
Fourth	54	56	57th		X
Fifth	66	68	69th		X
Sixth	78	80	81st		X
Seventh	90	92	93rd		X
Eighth	102	104	105th		X
Ninth	114	116	117th		X
Tenth	126	128	129th		X

B. First Unit Statistical Reports

- The premium and losses of each policy are first valued as of eighteen (18) months after the policy effective month and reported no later than twenty (20) months after the policy effective month.
- Update Type Code
 - All exposure and loss records on first unit statistical reports must contain an update type code as follows:

Code	Description
R	Each record reported on first unit statistical reports must use code "R" only.

C. Re-Valuations (Subsequent Unit Statistical Reports)

- Subsequent unit statistical reports are re-valuations of losses and are required when:

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- The prior unit statistical report contained open claim(s).
 - One or more claims reported as closed on the prior unit statistical report has since reopened.
 - Previously unreported claim(s) have become known.
 - There are changes in the loss valuation of one or more claims.
2. Subsequent unit statistical reports of losses are reported in the same manner as loss corrections as described in [Section III - Corrections](#).
3. Update Type Code
- All loss records on re-valuations must contain an update type code as follows:

Code	Description
P	To delete a record from a previous unit statistical report use update type code "P" only.
R	To add a data record that was not previously reported use update type code "R" only.
P, R	To revise previously reported data: <ul style="list-style-type: none">• use update type "P" to delete the record• use update type "R" to add a record with the revised data.

- For claims becoming non-compensable or closed without payment, or claims reflecting received recovery, the "R" record must be reported so that information is coded in the loss condition fields.

D. Adjustment of Losses between Valuations

Losses cannot be revised between two valuations because of departmental or judicial decision or because of developments in the nature of the injury, except as listed in [Section III - Corrections, Subsection A](#).

PART I

UNIT STATISTICAL REPORTING

SECTION III

CORRECTIONS

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SECTION III – CORRECTIONS

A. Corrections Submitted between Valuations

Corrections are to be submitted between valuations for only the following situations.

1. Errors (Header Records, Exposure Records and Loss Records)

An error occurs whenever the standards specified in [Section I – General Instructions, Subsection B](#) are not met.

Upon identification of an error by either the WCRIBMA or the carrier on a previously submitted unit statistical report, a correction report must be immediately filed.

The WCRIBMA routinely requests verification of reported data. In response to these verification requests the WCRIBMA expects corrections or acceptable explanations that confirm the data as accurate and reported in accordance with the Statistical Plan.

For loss records, corrections must be submitted for all previous unit statistical report levels (valuations) that contain the error.

2. Formerly Self-Insured's Deposit Adjustments (Exposure Record)

If any of the formerly self-insured's rating plan deposit is returned to the insured, then a correction to the first unit statistical report must be submitted when the deposit is returned.

3. Completion or Change in the Audit (Exposure Record)

Corrections to the first unit statistical report must be submitted whenever an audit is revised, or upon completion of the audit when the first unit statistical report was submitted based on estimated exposure.

4. Non-Compensable Claims (Loss Record)

a. Non-Compensable Claims Definition

A claim is determined to be non-compensable if:

- There is an official ruling denying benefits under the Workers' Compensation Law.
- A claimant fails to file for benefits during the period of limitation allowed by the Workers' Compensation Law.
- The claimant fails to prosecute his/her claim following carrier's denial of the claim.

b. Non-Compensable Claims Reporting

If a claim is determined to be non-compensable prior to the first unit statistical report valuation, do not report the claim. If a claim is determined to be non-compensable after the first unit statistical report valuation, a correction report must be submitted within 60 days of such determination for all report levels (valuations) to revise the [Type of Settlement](#) Code to "05" (non-compensable). All report levels (valuations) whether at the first unit statistical reporting or by correction should reflect accurate amounts paid by the carrier net of recovery, if any.

5. Recovery from Second Injury Fund (Loss Record)

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a. Second Injury Fund Definition

The Second Injury Fund is established to reimburse the carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment, or previous accident, disease or congenital condition.

b. Second Injury Fund Reporting

Correction reports may be required for previously submitted unit statistical reports where the previously reported incurred losses exceed the incurred loss net of a second injury fund reimbursement and valued at the time of the second injury fund reimbursement. When such a second injury fund reimbursement is received subsequent to the reporting of the first unit statistical report but before the sixth unit statistical report's due date, a correction report must be filed.

When a second injury fund reimbursement is received on or after the sixth unit statistical report's due date, no correction report is required.

Note: If a claim is subject to second injury fund reimbursement prior to the submission of the first unit statistical report, the loss amounts on the originally submitted first unit statistical report should have been reported net of the second injury fund reimbursement. Therefore, no correction would be needed.

If the allocation between incurred indemnity and incurred medical of the second injury fund reimbursement is not specified, then the net incurred loss must be divided between indemnity and medical in the same proportions as the gross incurred indemnity and medical amounts. The net incurred loss would be calculated as follows:

$$\text{Net Incurred Loss} = \text{Gross Incurred Loss} - \text{Second Injury Fund Reimbursement}$$

Additionally, if a correction report is required and the previously reported paid losses exceed the net paid loss valued at the time of the second injury fund reimbursement, previously reported paid losses must be corrected. If the allocation between paid indemnity and paid medical of the second injury fund reimbursement is not specified, then the net paid loss must be divided between indemnity and medical in the same proportions as the gross paid indemnity and medical amounts. The net paid loss would be calculated as follows:

$$\text{Net Paid Loss} = \text{Gross Paid Loss} - \text{Second Injury Fund Reimbursement}$$

Note: The trigger for determining if a correction report is required is based on the incurred loss and not the paid loss.

Corrections must be submitted within 60 days of the second injury fund reimbursement.

c. Second Injury Fund Example

Assumptions: The following is a reporting example where the carrier submitted a claim on a first, second and third unit statistical report and second injury fund reimbursement was received between the third and fourth unit statistical reports. The reported loss amounts and the loss amounts valued at the time of the second injury fund reimbursement are as follows:

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Valuation Point	Incurred Losses				Paid Losses			
	Gross Indemnity	Gross Medical	Reimbursement Received	Net Incurred Loss	Gross Indemnity	Gross Medical	Reimbursement Received	Net Paid Loss
1 st Report	15,000	15,000		30,000	10,000	9,000		19,000
2 nd Report	35,000	25,000		60,000	20,000	18,000		38,000
3 rd Report	40,000	26,000		66,000	28,000	22,000		50,000
Date of SIF Reimbursement	43,000	27,000	20,000	50,000	35,000	25,000	20,000	40,000

As of a date between the valuation date of the third unit statistical report and the valuation date of the fourth unit statistical report, the carrier received a second injury fund reimbursement in the amount of \$20,000.

The allocation of the second injury fund reimbursement between indemnity and medical was not specified.

Process: The carrier was required to perform the following steps to determine firstly if correction reports were required for any report level, and, secondly the proper allocation of the second injury fund reimbursement to indemnity loss and medical loss for both incurred and paid amounts.

Step 1:

Determine if the second injury fund reimbursement is received on or after the 6th unit statistical report's due date. If not continue to Step 2. If so, no correction report is required.

Step 2:

Determine which unit statistical reports are subject to correction by identifying those unit statistical reports where the previously reported incurred losses exceed the net incurred losses at the time of the second injury fund reimbursement.

Note: The determination of which unit statistical reports are subject to correction is based only on incurred losses and not paid losses.

The incurred loss of \$30,000 for the first report does not exceed the net incurred loss of the claim at time of the second injury fund reimbursement which is equal to \$50,000. No correction report is needed.

The incurred loss of \$60,000 for the second report does exceed the \$50,000 net incurred loss of the claim at time of the second injury fund reimbursement. A correction report is needed.

The incurred loss of \$66,000 for the third report does exceed the \$50,000 net incurred loss of the claim at time of the second injury fund reimbursement. A correction report is needed.

Step 3:

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Revise the third unit statistical report – Incurred Losses

Allocate the net incurred loss of \$50,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$\$50,000 \times (\$43,000 / \$70,000) = \$30,714$
Corrected Incurred Medical:	$\$50,000 \times (\$27,000 / \$70,000) = \$19,286$

Step 4:

Revise the third unit statistical report – Paid Losses, if necessary

If the previously reported paid loss on the third unit statistical report exceeds the \$40,000 net paid loss of the claim at time of the second injury fund reimbursement, the previously reported paid loss amounts must be corrected.

In this case, the previously reported paid loss of \$50,000 exceeds \$40,000, the net paid loss of the claim at time of the second injury fund reimbursement. Therefore, the correction report must contain corrected paid loss amounts.

Allocate the net paid loss of \$40,000 based on paid indemnity and paid medical at the time of recovery:

Corrected Paid Indemnity:	$\$40,000 \times (\$35,000 / \$60,000) = \$23,333$
Corrected Paid Medical:	$\$40,000 \times (\$25,000 / \$60,000) = \$16,667$

Step 5:

Revise the second unit statistical report – Incurred Losses

As with the correction of the third report, allocate the net incurred loss of \$50,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$\$50,000 \times (\$43,000 / \$70,000) = \$30,714$
Corrected Incurred Medical:	$\$50,000 \times (\$27,000 / \$70,000) = \$19,286$

Step 6:

Revise the second unit statistical report – Paid Losses, if necessary

Since the previously reported paid loss on the second unit statistical report, \$38,000, does not exceed, \$40,000, the net paid loss of the claim at time of the second injury fund reimbursement, the previously reported paid loss amounts do not require correction.

Step 7:

Prepare the correction report to the second and third unit statistical reports to include the necessary corrected loss amounts and also report the claim with [Type of Recovery](#) Code "02".

Note: For a claim that was previously reported as closed which needs to be corrected due to a second injury fund reimbursement, the corrected paid amounts should be equal to the corrected incurred amounts.

6. Receipt of Successful Subrogation Recovery from a Third Party (other than from Second Injury Fund) (Loss Record)
 - a. Successful Subrogation Recovery Reporting

Correction reports may be required for previously submitted unit statistical reports where the previously reported incurred losses exceed the incurred loss net of a successful [subrogation](#) recovery and valued at the time of the subrogation recovery. When such a successful subrogation recovery is received subsequent to the reporting of the first unit statistical report but before the sixth unit statistical report's due date, a correction report must be filed.

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When a subrogation recovery is received on or after the sixth unit statistical report's due date, no correction report is required.

Note: If a claim is subject to subrogation recovery prior to the submission of the first unit statistical report, the loss amounts on the originally submitted first unit statistical report should have been reported net of subrogation. Therefore, no correction would be needed.

Note: If the costs associated with pursuing subrogation recovery exceed the subrogation recovery amount, no correction reports are required.

If the allocation between incurred indemnity and incurred medical of the subrogation recovery less costs associated with pursuing the subrogation recovery is not specified, then the net incurred loss must be divided between indemnity and medical in the same proportions as the gross incurred indemnity and medical amounts. The net incurred loss would be calculated as follows:

$$\text{Net Incurred Loss} = \text{Gross Incurred Loss} - (\text{Subrogation} - \text{Recovery Expense})$$

Additionally, if a correction report is required and the previously reported paid losses exceed the net paid loss valued at the time of the subrogation recovery, previously reported paid losses must be corrected. If the allocation between paid indemnity and paid medical of the subrogation recovery less costs associated with pursuing the subrogation recovery is not specified, then the net paid loss must be divided between indemnity and medical in the same proportions as the gross paid indemnity and medical amounts. The net paid loss would be calculated as follows:

$$\text{Net Paid Loss} = \text{Gross Paid Loss} - (\text{Subrogation} - \text{Recovery Expense})$$

Note: The trigger for determining if a correction report is required is based on the incurred loss and not the paid loss.

Corrections must be submitted within 60 days of the subrogation recovery.

b. Subrogation Recovery Example

Assumptions: The following is a reporting example where the carrier submitted a claim on a first, second and third unit statistical report and successful subrogation recovery was received between the third and fourth unit statistical reports. The reported loss amounts and the loss amounts valued at the time of the subrogation recovery are as follows:

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Valuation Point	Incurred Losses				Paid Losses			
	Gross Indemnity	Gross Medical	Subrogation Recovery Less Recovery Expenses	Net Incurred Loss	Gross Indemnity	Gross Medical	Subrogation Recovery Less Recovery Expenses	Net Paid Loss
1 st Report	15,000	15,000		30,000	10,000	9,000		19,000
2 nd Report	35,000	25,000		60,000	20,000	18,000		38,000
3 rd Report	40,000	26,000		66,000	28,000	22,000		50,000
Date of Subrogation Recovery	43,000	27,000	15,000	55,000	35,000	25,000	15,000	45,000

As of a date between the valuation date of the third unit statistical report and the valuation date of the fourth unit statistical report, the carrier received a subrogation recovery in the amount of \$20,000.

At the time when the carrier received the \$20,000 subrogation recovery, the carrier had spent \$5,000 in legal expenses to pursue the subrogation.

The allocation of the subrogation recovery between indemnity and medical was not specified.

Process: The carrier was required to perform the following steps to determine firstly if correction reports were required for any report level, and, secondly the proper allocation of the subrogation recovery to indemnity loss and medical loss for both incurred and paid amounts.

Step 1:

Determine if subrogation was successful subrogation. In other words, did the subrogation recovery exceed the costs associated with pursuing the subrogation?

If subrogation recovery exceeds the expenses associated with pursuing recovery (recovery expenses), a correction report may be required. Move to Step 2.

If subrogation recovery does **not** exceed the expense associated with pursuing recovery, no correction report is required. Stop here.

Step 2:

Determine if the subrogation recovery is received on or after the sixth unit statistical report's due date. If not continue to Step 3. If so, no correction report is required and stop here.

Step 3:

Determine which unit statistical reports are subject to correction by identifying those unit statistical reports where the previously reported incurred losses exceed the net incurred losses at the time of the subrogation recovery. Net incurred loss should be calculated as:

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Net Incurred Loss = Gross Incurred Loss – (Subrogation – Recovery Expenses)

Note: The determination of which unit statistical reports are subject to correction is based only on incurred losses and not paid losses.

The incurred loss of \$30,000 for the first report does not exceed the net incurred loss of the claim at time of the subrogation recovery which is equal to \$55,000. No correction report is needed.

The incurred loss of \$60,000 for the second report does exceed the \$55,000 net incurred loss of the claim at time of the subrogation recovery. A correction report is needed.

The incurred loss of \$66,000 for the third report does exceed the \$55,000 net incurred loss of the claim at time of the subrogation recovery. A correction report is needed.

Step 4:

Revise the third unit statistical report – Incurred Losses

Allocate the net incurred loss of \$55,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$\$55,000 \times (\$43,000 / \$70,000) = \$33,876$
Corrected Incurred Medical:	$\$55,000 \times (\$27,000 / \$70,000) = \$21,214$

Step 5:

Revise the third unit statistical report – Paid Losses, if necessary

If the previously reported paid loss on the third unit statistical report exceeds the \$45,000 net paid loss of the claim at time of the subrogation recovery, the previously reported paid loss amounts must be corrected. Net paid loss should be calculated as:

Net Paid Loss = Gross Paid Loss – (Subrogation – Recovery Expenses)

In this case, the previously reported paid loss of \$50,000 exceeds \$45,000, net paid loss of the claim at time of the subrogation recovery. Therefore, the correction report must contain corrected paid loss amounts.

Allocate the net paid loss of \$45,000 based on paid indemnity and paid medical at the time of recovery:

Corrected Paid Indemnity:	$\$45,000 \times (\$35,000 / \$60,000) = \$26,250$
Corrected Paid Medical:	$\$45,000 \times (\$25,000 / \$60,000) = \$18,750$

Step 6:

Revise the second unit statistical report – Incurred Losses

As with the correction of the third report, allocate the net incurred loss of \$55,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$\$55,000 \times (\$43,000 / \$70,000) = \$33,876$
Corrected Incurred Medical:	$\$55,000 \times (\$27,000 / \$70,000) = \$21,214$

Step 7:

Revise the second unit statistical report – Paid Losses, if necessary

Since the previously reported paid loss on the second unit statistical report, \$38,000, does not exceed the \$45,000 net paid loss of the claim at time of the subrogation recovery, the previously reported paid loss amounts do not require correction.

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Step 8:

Prepare the correction report to the second and third unit statistical reports to include the necessary corrected loss amounts and also report the claim with [Type of Recovery](#) Code "03".

Note: For a claim that was previously reported as closed which needs to be corrected due to a subrogation recovery, the corrected paid amounts should be equal to the corrected incurred amounts.

7. Aggravated Inequity (Loss Record)

An aggravated inequity is a claim that closes between the valuation date and the next rating effective date for an amount less than the amount valued previously. The necessary correction report is to be submitted upon the WCRIBMA's request or once the carrier determines that the difference between the previously reported incurred losses and the final paid losses constitutes an aggravated inequity, whichever comes first. See the [Experience Rating Plan Manual](#) for more information.

8. Extraordinary Loss Event (Loss Record)

Corrections must be submitted for all unit statistical reports when it has been determined that one or more claims should be reported with a catastrophe code identifying an extraordinary loss event. (Refer to Section VI – Loss Record Data, Subsection C.7 for a definition of [Extraordinary Loss Event](#) Claims).

B. Method of Reporting Corrections

1. Correction reports

Correction reports can be used to change previously reported data and must be reported with a sequence number greater than "0" for a given unit statistical report level. Refer to [Section IV – Header Information, Subsection C.6](#).

2. Replacement reports

Replacement reports can be used to completely replace a previously submitted unit. Refer to [Section IV – Header Information, Subsection C.8](#).

3. Deletions of Entire Units

Entire units (reports or correction reports) can be deleted only by sending a written request to the Data Operations Department via email (DataOperations@wcribma.org) or to the following address:

Data Operations Department
WCRIBMA
101 Arch Street, 5th Floor
Boston, MA 02110

The reason for the request must be specified.

C. Correction Type Code

The correction type code identifies the type of correction report being submitted and is applicable only to correction reports.

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Code	Description
H	Header Record Correction: <ul style="list-style-type: none">• Link Data Elements• Non-Link Data Elements
E	Exposure Record Correction (first unit statistical reports only)
L	Loss Record Correction – Not an Aggravated Inequity
A	Loss Record Correction – Aggravated Inequity This type of correction cannot be reported on a multiple record type.
M	Corrections to Multiple Record Types - Combinations of corrections to header, exposure, or loss record. Aggravated inequity corrections must be reported separately.

1. Header Corrections – Link Data Elements

Link data is the set of elements which uniquely identifies a unit.

a. The link data elements are:

- carrier code
- policy number identifier
- exposure state code
- policy effective date
- report number
- correction sequence number

b. For corrections to link elements use correction type code “H”. There are two separate and distinct fields that should be used in the correction of each link element. For example, there are both policy number and previous policy number fields. To correct a policy number, the revised policy number is inserted in the policy number field, and the policy number as it appeared on the prior unit(s) is inserted in the previous policy number field.

- A carrier cannot revise report number or correction sequence number. If a situation arises that requires modification of these fields, contact the WCRIBMA Data Operations department at DataOperations@wcribma.org.
- Link data corrections are applied directly to each individual unit statistical report. If three unit statistical reports (1st, 2nd, and 3rd) have already been submitted and an error in the link data is discovered, then corrections for all three unit statistical reports are necessary. A link data correction to only one of the previously filed unit statistical reports will cause that corrected report to either match (link) with another policy and set of unit reports, or to become “unmatched”.

If a correction report is submitted with link data that don't match our records, then the correction cannot be correctly applied to the WCRIBMA's data base. Invalid carrier code, policy number, policy effective date, report number or exposure state on a correction report will cause the correction to be rejected or incorrectly applied to previously submitted data. The carrier must replace or amend these correction reports.

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2. Header Corrections – Non-Link Data Elements

- a. The policy/header non-link data elements eligible for carrier update as header corrections are:
- policy expiration date
 - risk identification number
 - replacement report code
 - business segment identifier
 - correction type code
 - state effective date
 - federal employer identification number
 - three-year fixed rate policy indicator
 - multistate policy indicator
 - interstate rated policy indicator
 - estimated audit code
 - retrospective rated policy indicator
 - canceled mid-term policy indicator
 - type of coverage identification code
 - type of plan identification code
 - type of non-standard identification code
 - losses subject to deductible code
 - basis of deductible calculation code
 - deductible amount per claim/accident
 - deductible amount – aggregate
- b. For corrections to all non-link header data elements use correction type code “H” or “M”.
- c. Non-link data corrections are to be reported on corrections to first unit statistical reports only.

D. Update Type Code

- All exposure and loss records on correction reports must contain update type code as follows:

Code	Description
P	To delete a record from a previous unit statistical report use update type code “P” only.
R	To add a data record that was not previously reported use update type code “R” only.
P, R	To revise previously reported data: <ul style="list-style-type: none">• use update type “P” to delete the record• use update type “R” to add a record with the revised data.

- For claims becoming non-compensable or closed without payment, or claims reflecting received recovery, the “R” record must be reported so that information is coded in the loss condition fields.

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SECTION IV – HEADER INFORMATION

This section is organized into the following components:

- General Information
- Header Information Data Element Index
- Header Information Data Elements

A. General Information

The header information is data that are specific to the coverage of the policy. These elements include the link data which connect all records to a unit and each unit to a policy.

B. Header Information Data Element Index

Header information requires the full reporting of all fields.

NO.	DATA ELEMENT	PAGE
23	Basis of Deductible Calculation Code	7
9	Business Segment Identifier	5
18	Canceled Mid-Term Policy Indicator	5
1	Carrier Code	2
6	Correction Sequence Number	3
10	Correction Type Code	5
25	Deductible Amount – Aggregate	7
24	Deductible Amount Per Claim/Accident	7
16	Estimated Audit Code	5
3	Exposure State Code	2
12	Federal Employer Identification Number	5
15	Interstate Rated Policy Indicator	5
22	Losses Subject to Deductible Code	6
14	Multistate Policy Indicator	5
4	Policy Effective Date	3
7	Policy Expiration or Cancellation Date	4
2	Policy Number Identifier	2

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NO.	DATA ELEMENT	PAGE
28	Previous Carrier Code	7
27	Previous Correction Sequence Number	7
31	Previous Exposure State	8
30	Previous Policy Effective Date	8
29	Previous Policy Number Identifier	8
26	Previous Report Number	7
8	Replacement Report Code	4
5	Report Number	3
17	Retrospective Rated Policy Indicator	5
11	State Effective Date	5
13	Three-Year Fixed Rate Policy Indicator	5
19	Type of Coverage ID Code	6
21	Type of Non-Standard ID Code	6
20	Type of Plan ID Code	6

C. Header Information Data Elements

1. Carrier Code

Report the code assigned to the reporting company by NCCI.

2. Policy Number Identifier

Report the code that uniquely identifies the policy under which experience occurred excluding blanks, punctuation marks, and special characters. The policy number identifier should include the complete policy number as set forth on the Policy Information Page plus any applicable prefixes or suffixes and must remain the same throughout the life of the policy.

3. Exposure State Code

Report code "20" for Massachusetts. If anything other than "20" is reported, it will be rejected.

4. Policy Effective Date

- a. Standard term policies (up to one year and 16 days):
 Report the month, day and year upon which the policy became effective.

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- b. Extended term policies (more than one year and 16 days and up to three years):
- If the policy term is a multiple of 12 months, segment the policy term into consecutive 12 month periods. For each segment, report the beginning date of the segment in the policy effective date field.
 - If the policy term is not a multiple of 12 months, segment the policy term in accordance with the policy period endorsement. For each segment, report the beginning date of the segment in the policy effective date field.

5. Report Number

Report the code that corresponds to the loss valuation month.

Code	Unit Statistical Report Level	Number of months since policy or segment effective month
1	First	18
2	Second	30
3	Third	42
4	Fourth	54
5	Fifth	66
6	Sixth	78
7	Seventh	90
8	Eighth	102
9	Ninth	114
A	Tenth	126

6. Correction Sequence Number

Report the sequential number that corresponds to the number of correction reports submitted for a particular unit statistical report level. Use "1" through "9", then "A" through "Z" as correction sequence numbers for a unit statistical report level.

Report "0" in correction sequence number if original unit statistical report level submission.

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Examples:

	Unit Statistical Report Level	Correction Sequence Number
Original 1 st USR	1	0
Original 2 nd USR	2	0
First Correction to 2 nd USR	2	1
Second Correction to 2 nd USR	2	2
Third Correction to 2 nd USR	2	3
Original 3 rd USR	3	0
-	-	-
-	-	-
First Correction to 9 th USR	9	1
Second Correction to 9 th USR	9	2
-	-	-
-	-	-
Ninth Correction to 10 th USR	A	9
Tenth Correction to 10 th USR	A	A

7. Policy Expiration or Cancellation Date

- a. Standard term policies (up to one year and 16 days):
 - Non-cancelled policies
Report the month, day and year upon which the policy expired.
 - Cancelled policies
Report the cancellation date as the expiration date.

- b. Extended term policies (more than one year and 16 days and up to three years):
 - Non-cancelled policies
 - If the policy period is a multiple of 12 months, segment the policy into consecutive 12 month periods. For each segment, report the ending date of the segment in the policy expiration or cancellation date field.

 - If the policy period is not a multiple of 12 months, segment the policy period in accordance with the policy period endorsement. For each segment, report the ending date of the segment in the policy expiration or cancellation date field.
 - Cancelled policies
 - Report the cancellation date as the expiration date of the segment in which the cancellation is effective.

Note: For cancelled policies, the policy segment during which the cancellation is effective is the last segment for which unit data should be reported. For example, if a three year policy is cancelled during the second segment, unit data is only to be reported for the first and second segments.

- c. For a multi-state policy with Massachusetts exposure(s), the mid-term deletion of Massachusetts is considered to be a Massachusetts cancellation and is reported as such on Massachusetts unit statistical reports.

8. Replacement Report Code

When replacing a previously submitted unit statistical report enter code "R" in the replacement report code field. For all unit statistical reports other than replacements this field

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should be blank. Submission of a replacement will delete previously reported unit statistical reports from the WCRIBMA's data base. Replacements can be submitted for unit statistical reports which are accepted, rejected or failed. A replacement unit statistical report can be used instead of a correction report.

9. Business Segment Identifier

Carriers, at their option, may report a business segment identification number. For additional information refer to [Circular Letter 2159](#).

10. Correction Type Code

Report the code that indicates the type of correction report being submitted. See [Section III – Corrections, Subsection C](#) for a list of correction type codes.

11. State Effective Date

Report the endorsement effective date if the Massachusetts coverage was endorsed mid-term, otherwise zero-fill the field.

12. Federal Employer Identification Number (FEIN)

Report the Federal employer identification number of the insured as shown on the Policy Information Page. If the policy has been endorsed to change the FEIN, report the FEIN from the latest endorsement.

13. Three-Year Fixed Rate Policy Indicator

Y = Policy is a three-year fixed rate policy.
N = Policy is not a three-year fixed rate policy.

14. Multistate Policy Indicator

Y = If more than one state is listed in Item 3A of the Policy Information Page.
N = If only Massachusetts is listed in Item 3A of the Policy Information Page.

15. Interstate Rated Policy Indicator

Y = Policy is interstate rated in accordance with the [Experience Rating Plan Manual](#).
N = Policy is not interstate rated.

16. Estimated Audit Code

Y = Policy has estimated exposure(s).
N = Policy does not have estimated exposure(s).
U = Uncooperative. The insured has not cooperated with the carrier for purposes of auditing exposure(s).

17. Retrospective Rated Policy Indicator

Y = Policy is retrospectively rated as defined in the [Retrospective Rating Plan Manual](#).
N = Policy is not retrospectively rated.

18. Canceled Mid-Term Policy Indicator

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Y = Policy term has been shortened by a cancellation and not subsequently reinstated.

For extended term policies, report "Y" only for the policy segment in which the cancellation is effective.

N = Policy is full term and policy has not been canceled, or if the policy was canceled, it was reinstated on the cancellation date.

19. Type of Coverage ID Code

Report the code that indicates the type of coverage.

Code	Description
01	Standard Workers Compensation Policy other than "05" & "09"
05	Large Risked Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Workers Compensation coverage (used only in conjunction with other than code "01" in the Non-standard Type ID Code)

20. Type of Plan ID Code

Report the code that indicates the type of plan.

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy
05	Assigned Risk Policy written under Massachusetts Voluntary Direct Assigned Risk Program

21. Type of Non-Standard ID Code

Report the code that indicates the type of workers compensation policy.

Code	Description
01	Standard Workers Compensation
99	Self-Insured Groups

22. Losses Subject to Deductible Code

Report the code that identifies the type of losses subject to the deductible.

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Code	Description
00	No Deductible
01	Medical – Deductible applies to the medical portion of the loss only.
02	Indemnity – Deductible applies to the indemnity portion of the loss only.
03	Medical & Indemnity – Deductible applies to the total of medical and indemnity portions of the loss.

23. Basis of Deductible Calculation Code

Report the code that identifies the type of deductible being reported.

Code	Description
00	No Deductible
01	Per Claim – The deductible amount applies to each claim arising from the policy and there is no aggregate deductible.
09	Per Accident and Policy (Aggregate) – The deductible amount applies to each accident up to an aggregate limit and there is no per claim deductible.
10	Per Claim and Policy (Aggregate) – The deductible amount applies to each claim up to an aggregated limit and there is no per accident deductible.
12	Variable – Carrier program not described above.

24. Deductible Amount Per Claim/Accident

Report the maximum loss amount by claim or accident to be paid by the insured, if applicable, as defined by the deductible program.

25. Deductible Amount – Aggregate

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

26. Previous Report Number

Not applicable to Massachusetts. If a unit statistical report has been accepted with the wrong report number, contact the WCRIBMA to arrange for the deletion of the incorrect unit statistical report and the replacement with a proper report number.

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27. Previous Correction Sequence Number

Not applicable to Massachusetts. If a unit statistical report has been accepted with the wrong correction sequence number, contact the WCRIBMA to arrange for the deletion of the incorrect unit and replacement with proper correction sequence number.

28. Previous Carrier Code

- This field only applies to correction reports.
- In the previous carrier code field, report the incorrect carrier code that was previously submitted.
- In the carrier code field, report the correct carrier code.

29. Previous Policy Number Identifier

- This field only applies to correction reports.
- In the previous policy number identifier, report the incorrect policy number identifier that was previously submitted.
- In the policy number identifier field, report the correct policy number identifier.

30. Previous Policy Effective Date

- This field only applies to correction reports.
- In the previous policy effective date, report the incorrect policy effective date that was previously submitted.
- In the policy effective date, report the correct policy effective date.

31. Previous Exposure State Code

- This field only applies to correction reports.
- In the previous exposure state code, report the exposure state code "20".
- In the exposure state code field, report a non-Massachusetts code.
- The result will be that the unit is dropped from the WCRIBMA's data base.

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SECTION V

EXPOSURE RECORD DATA

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SECTION V - EXPOSURE RECORD DATA

This section is organized into the following components:

- General Information
- Exposure Record Data Element Index
- Exposure Record Data Elements

A. General Information

- The exposure record data elements are used to report the class, coverage, exposure, manual rate, and premiums.
- For most first unit statistical reports, the experience modification effective date and rate effective date will not change during the policy term. When multiple modification effective dates or rate effective dates apply during a policy term, this may cause split periods. When this occurs, the full policy term's exposure and manual premiums must be split for each period reflecting a change in the experience modification effective date and/or rate effective date.
- For split policy periods, the prorated exposure and prorated premiums for the first split (split period code "0") correspond to the first period, and the prorated exposure and prorated premiums for the second split (split period code "1") correspond to the second period. Any additional split periods are treated in the same manner.

B. Exposure Record Data Element Index

NO.	DATA ELEMENT	PAGE
1	Classification Code	2
3	Experience Modification Effective Date	2
2	Experience Modification Factor	2
5	Exposure Amount	2
10	Exposure Act/Exposure Coverage Code	4
7	Manual Rate	3
6	Premium Amount	3
4	Rate Effective Date	2
8	Split Period Code	3
9	Update Type Code	4

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C. Exposure Record Data Elements

1. Classification Code (Class Code)

Report the code(s) corresponding to the classification(s) assigned to the insured according to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#) or the statistical class codes defined in [Appendix II – Statistical Class Codes](#). If no exposure develops on a policy, use statistical class code 1111.

For any classification code, there cannot be more than one exposure record per unit with the same manual rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.

2. Experience Modification Factor (Experience Mod)

For exposure(s) that are subject to application of an experience modification, report the experience modification factor used to develop the premium.

For exposure(s) not subject to experience rating, report “0000”.

3. Experience Modification Effective Date (Mod Effective Date)

For exposure(s) subject to experience rating, report the date on which the experience mod is applicable.

The [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#) rules relating to anniversary rating dates may require that a policy's exposure(s) be divided into split periods. If this occurs, it is necessary to indicate the date on which the experience rating is applicable for each split period.

The [Experience Rating Plan Manual](#) contains rules that restrict the retroactive application of an experience mod which consequently result in a policy's exposure(s) being divided into split periods. If this occurs, it is necessary to indicate the date on which the experience mod is applicable for each split period.

Additionally midterm changes in coverage can create the need for split periods. An example of this would be a midterm change to employer's liability limits. For a split period being reported due to a midterm change in coverage, report the date on which such change in coverage is effective.

Note: For the first split period, a date prior to the policy effective date may be reported if the anniversary rating date is prior to the policy effective date.

4. Rate Effective Date

Report the effective date of the WCRIBMA rate revision that is applicable to the exposure record. This date can be prior to the policy effective date.

5. Exposure Amount

Report the exposure amount that is applicable to the exposure records as follow:

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- a. No-Exposure Developed
 - If a policy does not develop any Massachusetts exposure, report zero for the exposure amount on the exposure record containing statistical class code 1111 in the class code field.
- b. Payroll Exposure
 - Report the payroll amount. Do not divide the payroll by 100.
 - Report exposures for supplemental disease loads (statistical class codes 0059, 0065, 0066, 0067, 0133, 0179)

Note: The statistical class codes 0133 and 0179 were discontinued effective as of January 1, 2008.
 - Report exposures for Non-Ratable Elements (statistical class codes 0771, 7445, 7453).
- c. Non-Payroll Exposure
 - Per Capita Classifications (statistical class codes 0908, 0909, 0912 and 0913):
Report the number of employees covered, based on the duration of coverage. An employee covered under a per capita class code for a period of one year must be reported as an exposure of 1.0. If an employee is covered for a period other than one year, the reported exposure should be calculated by dividing the number of days of coverage by 365, and rounding the result to the nearest tenth of a year. For example, if an employee is covered for 130 days, the exposure amount will be equal to 0.4 (=130/365 rounded to the nearest tenth).

6. Premium Amount

Report the premium amount corresponding to each classification.

- No-Exposure Developed
Premium Amount = \$0
- Payroll Exposure
Premium Amount = (Exposure Amount ÷ 100) x WCRIBMA's filed and approved rate
- Non-Payroll Exposure
Premium Amount = Exposure Amount x WCRIBMA's filed and approved rate
- Other Premiums
This premium shall be reported under the appropriate statistical class code. Refer to the [Massachusetts Premium Algorithm](#).

7. Manual Rate (WCRIBMA's filed and approved rate)

For each classification report the WCRIBMA's filed and approved rate. Do not report the carrier's specific rate that may reflect deviations.

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8. Split Period Code

Report the code used to indicate changes in manual rates or rating factors during policy period. For policies with no change in manual rates or rating factors, enter "0". For policies with changes in manual rates or rating factors, refer to the following table:

Split Period	Split Period Code
1 st	0
2 nd	1
3 rd	2
4 th	3
5 th	4
6 th	5
7 th	6
8 th	7

9. Update Type Code

Report the code that identifies the type of update.

Code	Description
P	Previously Reported Record
R	Revised Record

- Both update type codes require the full reporting of all fields.
- For additional information refer to [Section II – First Unit Statistical Report and Re-Valuations, Subsection B.2](#), [Section II – First Unit Statistical Report and Re-Valuations, Subsection C.3](#), [Section III – Corrections, Subsection D](#).

10. Exposure Act/Exposure Coverage Code

Code	Description
00	For use with Statistical Class Codes*
01	State Act or Federal Act Excluding USL&HW
02	USL&HW "F" Classes or USL&HW coverage on Non "F" Classes

* Note: An exposure act/exposure coverage code is required for all exposure records. Statistical class codes can be coded as "00", or the act (law) governing the policy.

PART I

UNIT STATISTICAL REPORTING

SECTION VI

LOSS RECORD DATA

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SECTION VI - LOSS RECORD DATA

Section VI of the Unit Statistical Reporting is organized into the following components:

- General Information
- Loss Record Data Element Index
- Loss Record Data Elements

A. General Information

The loss records contain the information specific to the benefit (claim) paid or case reserved for injuries covered by the policy.

B. Loss Record Data Element Index

NO.	DATA ELEMENT	PAGE
3	Accident Date	2
7	Catastrophe Number	3
20	Cause of Injury Code	8
2	Claim Count	2
4	Claim Number	2
26	Claimant's Attorney Fees Incurred Amount	8
1	Classification Code	2
27	Employer's Attorney Fees Incurred Amount	8
8	Incurred Indemnity Amount	3
9	Incurred Medical Amount	4
6	Injury Type Code	3
17	Jurisdiction State Code	7
12	Loss Coverage Act Code	4
23	Lump Sum Indicator	8
19	Nature of Injury Code	7
21	Occupation Description	8
28	Paid Allocated Loss Adjustment Expense (ALAE) Amount	8
24	Paid Indemnity Amount	8
25	Paid Medical Amount	8
18	Part of Body Code	7
10	Social Security Number	4
5	Status Code	2
15	Type of Claim Code	6
13	Type of Loss Code	5
14	Type of Recovery Code	5
16	Type of Settlement Code	7
11	Update Type Code	4
22	Vocational Rehabilitation Indicator	8

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C. Loss Record Data Elements

1. Classification Code (Class Code)

Report the class code where the payroll or other exposure of the injured worker was reported.

2. Claim Count

a. Single Claim

Report the single claim as a number one (1).

b. Grouped Claims

Report the number of claims within each group as a number greater than one (1).

For policies effective on or after January 1, 2007, it is no longer permissible to group any claims for reporting of unit statistical losses. Consequently, for all policies effective on or after January 1, 2007 the claim count must be one (1).

3. Accident Date

The accident date of a claim can range from the policy effective date to the last full day of coverage. Given that policies expire at 12:01 AM on the expiration date, the last possible full day of coverage on a policy is the day prior to the policy expiration date. Claims that occur on the expiration date of one policy and the effective date of renewal must be reported on the renewal policy. The manner in which the accident date is reported is a function of the type as loss as follows:

a. Trauma

Report the date on which the injury occurred.

b. Cumulative Injury - Occupational Disease

The accident date is either the last full day that the injured employee was covered within the policy segment or the date that the injury was reported, whichever occurred first.

c. Cumulative Injury - Other Than Occupational Disease

The accident date is either the last full day that the injured employee was covered within the policy segment or the date that the injury was reported, whichever occurred first.

4. Claim Number

A unique number assigned by the insurance company to a claim for the life of that claim. Report the code that uniquely identifies the claim and represents one injured worker for both medical and indemnity benefits. Exclude blanks, punctuation marks, and special characters. Claim numbers must be reported in a manner consistent with aggregate financial reporting, the Detailed Claim Information (DCI) reporting, and Medical Data Call reporting.

5. Status Code

Report the code that indicates the status of the claim.

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Code	Description
0	Open (future payments are expected to be made)
1	Closed (no future payments are expected to be made)

6. Injury Type Code

Report the code that identifies under which provision of the law benefits are paid or expected to be paid.

Code	Description
01	Death A death claim is defined as each claim where the injured worker has died, unless it has been established that the carrier has incurred no liability.
02	Permanent Total Disability A permanent total claim is defined as: <ul style="list-style-type: none"> • Any claim which has been adjudged to constitute permanent total disability. • Any claim which is defined as such under the law, or which, in the judgment of the carrier will result in permanent total disability.
05	Temporary Total Disability A temporary total claim is defined as each claim which involves or is expected to involve indemnity benefits but which does not constitute a case of death, permanent total or permanent partial.
06	Medical Claims Only A medical claims only is defined as: <ul style="list-style-type: none"> • Any claim where there are only medical payments and there are no indemnity losses. • Any claim where there is no indemnity and no medical, but where there is paid ALAE.
09	Permanent Partial Disability A permanent partial claim is defined as: <ul style="list-style-type: none"> • Any permanent injury which does not involve permanent total disability. • Any claim where the extent of future payments is indeterminate in the judgment of the carrier. The amount entered as indemnity incurred shall include scheduled benefits and compensation for temporary total disability as well as loss of future earning capacity.

7. Catastrophe Number

There are two types of claim events that are identified by the Catastrophe Number: Non-Extraordinary Loss Event catastrophe claims and Extraordinary Loss Event catastrophe claims.

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- Non-Extraordinary Loss Event Claims (Catastrophe Numbers “01” – “10”)
A Non-Extraordinary Loss Event catastrophe is defined as any accident (one occurrence) resulting in two or more reported claims on a policy for exposure within Massachusetts. If there is more than one catastrophe under the policy, each succeeding catastrophe number must be increased by one. After the number “10” is assigned the next number in the sequence will begin with number “01” again.
- Extraordinary Loss Event Claims (Catastrophe Numbers “11” – “99”)
An Extraordinary Loss Event (ELE) is a significant loss event which has been assigned a catastrophe number by Insurance Services Office/Property Claim Services (ISO/PCS). For those claims associated with the ELE’s listed in [Appendix I – Extraordinary Loss Event Table](#), report the catastrophe number listed in the appendix.

8. Incurred Indemnity Amount

Report the amount of incurred indemnity losses as of the valuation date. Refer to Part III – Definitions for the definition of [incurred indemnity losses](#).

9. Incurred Medical Amount

Report the amount of incurred medical losses, as of the valuation date. Refer to Part III – Definitions for the definition of [incurred medical losses](#).

10. Social Security Number

Zero-filled. The social security number is no longer required or captured by any jurisdiction.

11. Update Type Code

Report the code that identifies the type of update.

Code	Description
P	Previously Reported Record
R	Revised Record

- Both update type codes require the full reporting of all fields.
- For additional information refer to [Section II – First Unit Statistical Report and Re-Valuations, Subsection B.2](#), [Section II – First Unit Statistical Report and Re-Valuations, Subsection C.3](#), [Section III – Corrections, Subsection D](#).

12. Loss Coverage Act Code

Report the code that corresponds to the loss coverage act.

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Code	Description
01	State Act or Federal Act Excluding USL&HW A claim for which benefits are determined in accordance with the Massachusetts Workers' Compensation Law, Federal Employers' Liability Act (FELA) and Merchant Marine Act of 1920 (Jones Act).
02	USL&HW "F" Classes or USL&HW Non "F" Classes A claim for which benefits are determined in accordance with the United States Longshore and Harbor Workers' Compensation Act, Defense Base Act, Civilian Employees of Nonappropriated Fund Instrumentalities Act and Outer Continental Shelf Lands Act.

13. Type of Loss Code

Report the code that corresponds to the type of loss.

Code	Description
01	Trauma <ul style="list-style-type: none"> An injury resulting in disability or death that is traceable to a single identifiable incident occurring during the employee's (present or past) employment.
02	Cumulative Injury: Occupational Disease <ul style="list-style-type: none"> An injury that results in a disability or death and is not traceable to a single identifiable incident occurring during the employee's (present or past) employment. Any injury caused by repetitive exposure extending over time to a disease producing agent or agents present in the worker's occupational environment. In order for a claim to be coded as an occupational disease case, it must have resulted from repetitive exposure extending over time. Claims that arise from single identifiable incidents should be coded as Trauma even though they may have been caused by inhalation, absorption, ingestion, or other environmental factors. For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.
03	Cumulative Injury: Other Than Occupational Disease <ul style="list-style-type: none"> An injury that results in a disability or death and is not traceable to a single identifiable incident occurring during the employee's (present or past) employment. The injury is understood to have occurred from, and has been aggravated by, a repetitive employment related activity. For example, a cement mason or carpet or tile installer presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

14. Type of Recovery Code

Report the code that corresponds to the type of recovery.

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Code	Description
01	No Recovery Insurer has not received any recovery reimbursement.
02	Second Injury Fund Only Carrier has received reimbursements from the Second Injury Fund.
03	Subrogation Only (Third Party) Carrier has received reimbursement from an entity, other than the employer, with legal liability due to circumstances of the injury.
04	Subrogation (Third Party) with Second Injury Fund Carrier has received reimbursement from both the Second Injury Fund and a Third Party.

15. Type of Claim Code

Report the code that corresponds to the type of claim.

Code	Description
01	Workers Compensation Only The entire loss is incurred under provisions of only Part One of the Workers' Compensation and Employer's Liability Insurance Policy.
02	Employers Liability Only The entire loss is incurred under provisions of only Part Two of the Workers' Compensation and Employer's Liability Insurance Policy including liability over claims.
03	Workers Compensation Including Employers Liability The loss is incurred under provisions of both Part One and Part Two of the Workers' Compensation and Employer's Liability Insurance Policy including liability over claims.

16. Type of Settlement Code

Report the code that corresponds to the type of settlement.

Code	Description
00	No settlement No settlement applicable to the claim.
05	Non-Compensable Claim has been determined to be non-compensable as defined in Section III – Corrections, Subsection A.4.
09	All Other Settlements Claims not classified as "00" or "05".

17. Jurisdiction State Code

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Report the code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that jurisdiction state code is different from the exposure state code.

For example: A Massachusetts school teacher is injured while attending a seminar in New York. She may elect to pursue workers' compensation benefits in Massachusetts or New York. Assume she elects to pursue New York workers' compensation benefits. In this situation, her payroll is included on the unit statistical report for exposure state Massachusetts and the loss record for her injury is reported on the unit statistical report with exposure state Massachusetts. However, the jurisdiction state on the loss record for her injury is New York because the workers' compensation benefits were provided in accordance with the workers' compensation laws of the state of New York.

18. Part of Body Code

Report the code that represents the part of body to which the injury occurred.

Refer to the Workers Compensation Insurance Organizations ([WCIO](#)) for a complete list of part of body codes.

19. Nature of Injury Code

Report the code that represents the nature of injury sustained by the claimant.

Refer to the Workers Compensation Insurance Organizations ([WCIO](#)) for a complete list of nature of injury codes.

20. Cause of Injury Code

Report the code that represents the cause of injury.

Refer to the Workers Compensation Insurance Organizations ([WCIO](#)) for a complete list of cause of injury codes.

21. Occupation Description

Report a narrative description of the regular occupation of the injured worker.
Optional reporting for Massachusetts.

22. Vocational Rehabilitation Indicator

Report the value that indicates the inclusion of vocational rehabilitation costs in the losses.

Y = Claim includes vocational rehabilitation costs.

N = Claim does not include vocational rehabilitation costs.

23. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

Y = A lump sum payment has been made.

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N = A lump sum payment has not been made.

24. Paid Indemnity Amount

Report the amount of paid indemnity losses as of the valuation date. Refer to Part III – Definitions for the definition of [paid indemnity losses](#).

25. Paid Medical Amount

Report the amount of paid medical losses as of the valuation date. Refer to Part III – Definitions for the definition of [paid medical losses](#).

26. Claimant's Attorney Fees Incurred Amount

Report the amount paid plus outstanding case reserves as of the loss valuation date.

27. Employer's Attorney Fees Incurred Amount

Report the amount paid plus outstanding case reserves as of the valuation date.

28. Paid Allocated Loss Adjustment Expense (ALAE) Amount

Report the amount of allocated loss adjustment expense. Refer to Part III – Definitions for the definition of [ALAE](#).

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SECTION VII

ADDITIONAL REPORTING REQUIREMENTS FOR DEATH AND PERMANENT TOTAL CLAIMS

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SECTION VII – ADDITIONAL REPORTING REQUIREMENTS ON DEATH AND PERMANENT TOTAL CLAIMS

A. Reporting Requirements

1. The requirements under this section must be satisfied by participation in the [NCCI's Detailed Claim Information Program \(DCI\)](#).
2. Every company shall maintain, store, and be prepared to report at least the following information for every death claim and every permanent and total disability claim:
 - a. Identifying information listed below must match to the unit statistical report of the claim and is defined and coded as specified in the previous sections of this Statistical Plan.
 - Accident Date
 - Carrier Code
 - Claim Number
 - Classification Code
 - Policy Effective Date
 - Policy Number
 - Report Number
 - Status Code
 - Jurisdiction State Code
 - Type of Loss Code
 - Type of Recovery Code
 - Type of Claim Code
 - Part of Body Code
 - Nature of Injury Code
 - Cause of Injury Code
 - b. The additional claim information listed below is defined and coded as specified in the [NCCI's Detailed Claim Information Reporting Guidebook](#).
 - Accident State Code
 - Attorney or Authorized Representative Indicator
 - Benefit Type Code
 - Benefit Amounts Paid
 - Death
 - Permanent Total
 - Scheduled Permanent Partial
 - Unscheduled Permanent Partial
 - Temporary Total
 - Temporary Partial
 - Employer's Liability
 - Disfigurement
 - Supplemental
 - Birth Year
 - Claim Closing Date
 - Claimant Gender Code

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- Controverted/Disputed Case Indicator
- Hire Year
- Impairment Percentage Basis Code
- Impairment/Disability Percentage
- Lump Sum Benefits Paid
 - Death
 - Permanent Total
 - Scheduled Permanent Partial
 - Unscheduled Permanent Partial
 - Temporary Total
 - Temporary Partial
 - Employer's Liability
 - Disfigurement
 - Supplemental
- Maximum Medical Improvement Date
- Medical Extinguishment Indicator
- Average Weekly Wage
 - Post-Injury Average Weekly Wage
 - Pre-Injury Average Weekly Wage
- Reported to Insurer Date
- Return to Work Date
- Return to Work Rate of Pay Indicator
- Vocational Rehabilitation
 - Education Expense Amount Paid
 - Evaluation Expense Amount Paid
 - Maintenance Expense Amount Paid
 - Other Amount Paid
- Method of Determining Preinjury/Average Weekly Wage Code
- Incurred Indemnity Amount Total
- Incurred Medical Amount Total
- Paid Medical Amount Total
- Maximum Medical Improvement Date
- Attorney or Authorized Representative Indicator
- Claimant Legal Amount Paid
- Employer Legal Amount Paid
- Extraordinary Loss Event Claim Indicator
- Recovery Reimbursement Amount

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SECTION VIII

PENSION TABLES

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SECTION VIII - PENSION TABLES

A. Purpose

The reporting of incurred indemnity amounts for pension payments associated with fatal and permanent total injuries should reflect a case reserve based on the annuity values contained in [Appendix III – Pension Tables](#). The annuity values are an estimate of the present value of an annual indemnity benefit which begins with a value of one dollar but is subject to applicable cost of living adjustments (escalation). The duration of the pension payments is a function of the beneficiary type - injured worker, surviving spouse, or dependents other than the surviving spouse.

For a permanent total claim, pension benefits are paid to the injured worker until death. For a death claim, a surviving spouse is entitled to benefits until death or remarriage and dependents other than a surviving spouse are entitled to benefits until death or they are fully self-supporting. The statute presumes that a child is self-supporting upon reaching the age of eighteen unless they are physically or mentally incapacitated from earning or over said age and a full time student qualified for exemption as a dependent under Section 151(e) of the Internal Revenue Code.

To be consistent with unit statistical reporting, the pension tables display annuity values for up to ten years from the age as of date of the accident.

B. Non-USL&HW Pension Tables

The pension tables reflect the applicable provisions of the Massachusetts Workers' Compensation Law, life expectancies derived from life tables published by the Centers for Disease Control, and remarriage probabilities. In the case of permanent total claimants, the tables also vary by the gender of the injured worker.

1. An escalation provision consistent with the current law is reflected in the derivation of all the tables. The escalation rate is based on changes in the statewide average weekly wage and CPI data. Additionally, losses are discounted for the time value of money. Annual discount rate and annual escalation rate appear on each of the pension tables in [Appendix III – Pension Tables](#).
2. Table Descriptions:
 - [Table IE-398](#): Surviving Spouse - Fatal Claims
Utilizes female life expectancies and reflects the probability of remarriage.
 - [Table IIE-398](#): Other than Surviving Spouse - Fatal Claims
Utilizes total population life expectancies.
 - [Table IIIEM-398 – Male](#): Permanent Total Claimants
Utilizes male life expectancies and reflects a social security offset. The purpose of the offset is to recognize that claimants are ineligible to receive workers' compensation cost-of-living adjustments that reduce their social security disability payments.
 - [Table IIIEF-398 – Female](#): Permanent Total Claimants
Utilizes female life expectancies and reflects a social security offset. The purpose of the offset is to recognize that claimants are ineligible to receive workers' compensation cost-of-living adjustments that reduce their social security disability payments.

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C. USL&HW Pension Tables

1. These tables are used to estimate the present value of pension related indemnity benefits for death and permanent total injuries payable in accordance with the United States Longshore and Harbor Workers' Act (USL&HW Act). The values contained in the pension tables are to be used to calculate estimated case reserves for indemnity benefits for death and permanent total injuries for purposes of reporting unit statistical reports to the WCRIBMA.
2. Table Descriptions:
 - [Table UI-USLH – Surviving Spouse](#)
Apply this table for all death claims incurred under the USL&HW Act to estimate the present value of the surviving spouse's benefits, exclusive of any remarriage dowry. This table is derived using female life expectancies and reflects the probability that the surviving spouse remarries.
 - [Table UII-USLH – Present Value of Remarriage Dowry](#)
Apply this table to all death claims incurred under the USL&HW Act to estimate the present value of the surviving spouse's remarriage dowry. This table is derived using female life expectancies.
 - [Table UIIIM-USLH – Male Other than Surviving Spouse](#)
Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of wage losses benefits payable for the balance of a male claimant's life. This table is derived using male life expectancies.
 - [Table UIIIF-USLH – Female Other than Surviving Spouse](#)
Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of wage losses benefits payable for the balance of a female claimant's life. This table is derived using female life expectancies.
 - [Table UIV-USLH – Present Value of Survivorship Benefits](#)
Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of survivorship benefits. Note this table applies to surviving spouses of a permanent total disability claimant. This table is derived using female life expectancies and reflects the probability that the surviving spouse remarries.
This table should also be used to estimate the present value of survivorship benefits related to death claims which are payable to someone other than a spouse.
3. Application of the tables
 - Death Claims with a Surviving Spouse
Estimate the present value of survivorship benefits, excluding the remarriage dowry, by using [Table UI-USLH](#) (Surviving Spouse). Additionally, estimate the present value of the remarriage dowry using [Table UII-USLH](#) (Present Value of Remarriage Dowry).
 - Death Claims without a Surviving Spouse
Estimate the present value of survivorship benefits by using [Table UIV-USLH](#) (Present Value of Survivorship Benefits).
 - Permanent Total Disability of a Male Claimant
Estimate the present value of wage loss benefits payable for the balance of a male claimant's life by using [Table UIIIM-USLH](#) (Male Other than Surviving Spouse).

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Additionally, upon the death of the employee, survivorship benefits are payable to a survivor and these should be estimated using [Table UIV-USLH](#) (Present Value of Survivorship Benefits).

- Permanent Total Disability of a Female Claimant
Estimate the present value of wage loss benefits payable for the balance of a female claimant's life by using [Table UIIIF-USLH](#) (Female Other than Surviving Spouse). Additionally, upon the death of the employee, survivorship benefits are payable to a survivor and these should be estimated using [Table UIV-USLH](#) (Present Value of Survivorship Benefits).

PART II

AGGREGATE FINANCIAL REPORTING

SECTION I

GENERAL INSTRUCTIONS

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PART II – AGGREGATE FINANCIAL REPORTING

SECTION I - GENERAL INSTRUCTIONS

A. Aggregate Financial Data

1. WCRIBMA collects, processes, and analyzes aggregate financial data for the following purposes:

- Ratemaking
- Actuarial analysis
- Data review / reconciliations
- Assigned Risk Pool participation ratios
- WCRIBMA Assessments

2. Calendar Year Data

Some calls require the reporting of calendar year data. Calendar year data are the sum of changes in accounting balances for a particular year.

3. Accumulated Aggregate Data

Calls requesting policy year or accident year data require the reporting of accumulated aggregate data, also referred to as inception to date.

In the case of premiums, submit the summation of all premiums and any subsequent adjustments to premiums since the inception of each policy.

In the case of paid losses, submit the summation of all loss payments less recoveries since the first unit statistical report of the claim.

4. Current Plus Twenty

The policy year and accident year calls require current plus twenty years of reporting. Data related to years before the current plus twenty is combined and reported on the prior line.

For example, given a policy year data call valued as of 12/31/2003 for a company that has workers' compensation experience dating back to 1975, the policy years would be labeled as follows:

Current Policy Year	2003
Plus Twenty Policy Years	1983 – 2002
Prior Policy Years	Summation of 1975 – 1982

Similarly, the same company's accident year call valued as of 12/31/2003 would classify the accident years as follows:

Current Accident Year	2003
Plus Twenty Accident Years	1983 – 2002
Prior Accident Years	Summation of 1975 – 1982

5. Aggregate financial instructions and general forms are provided in Part II of the Statistical Plan.

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B. Cease Writing

Insurance companies who cease writing workers' compensation insurance may request to be exempt from submitting aggregate financial data if their Massachusetts workers' compensation direct calendar year earned premium does not exceed \$100,000 and their direct calendar year incurred losses do not exceed \$100,000. A letter requesting exemption must be remitted by the carrier to the WCRIBMA at least 10 days prior to the first call due date. Within 5 days of receipt of both the exemption request and the company annual statement, the WCRIBMA will respond with a letter either accepting or denying the exemption.

If an insurance company that was previously granted exemption from reporting decides to write again in the future, they must resume submitting aggregate financial data regardless of the size of direct calendar year earned premium and direct calendar year incurred losses. However they will have to choose whether or not they will report the historical data that was reported prior to the exemption.

C. Group Reporting

The data for companies controlling, controlled by, or under common control with other companies may be aggregated for purposes of reporting the data requested in Part II of the Statistical Plan. Grouping of companies should remain consistent across time. If a change in corporate structure results in a needed modification to the grouping of companies for the purpose of submitting aggregate financial data, a request must be made to the WCRIBMA detailing the circumstances of the transaction before September 1st for use of the new grouping of companies in the following year.

Any companies electing group reporting must specify all companies to be grouped on the financial Call Package Acknowledgement Form. Refer to [Subsection E – Electronic Reporting](#).

D. In Addition to Reports for NCCI or Other Rating Collection Organizations

The requirements of Part II of the Massachusetts Statistical Plan are independent of any comparable requirements by any other rating collection organizations, including NCCI (National Council on Compensation Insurance).

E. Electronic Reporting

1. All calls are to be submitted via the internet using the Massachusetts Financial Data Reporting Application (MAFDRA) accessible at www.mafdra.org. Please contact the WCRIBMA if a user ID needs to be established for your company. Likewise, if a user ID currently exists for your company and you have forgotten either the user ID or the password please contact the WCRIBMA.

More specifics about electronic submission and the MAFDRA application can be found in the MAFDRA User Guide. The MAFDRA User Guide may be accessed within the MAFDRA application.

2. Nil Reports

When completing the Call Package Acknowledgement Form contained in MAFDRA, companies with no experience to report for a particular call should inform the WCRIBMA by unchecking the box next to the call in Section III of the form. MAFDRA will automatically create these calls and insert zeros in all of the fields.

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3. Data Provider Contact

Companies are required to complete two Acknowledgment Forms:

- a. Call Package Acknowledgment Form
 - This acknowledgment form requires that a contact be identified for each call except those involving nil submissions.
 - Any questions the WCRIBMA has relating to a given call will initially be directed to the contact associated with that call. If initial WCRIBMA questions go without sufficient response, the WCRIBMA will contact the primary contact listed on the Call Package Acknowledgment Form or the carrier's management.
 - This acknowledgment form has to be completed online in MAFDRA.
- b. Aggregate Financial Call Acknowledgment Form
 - This acknowledgment form identifies a corporate officer or actuary who acknowledges that, to the best of their knowledge, certain of the aggregate financial calls have been completed accurately. The specific calls at issue are listed on the Aggregate Financial Call Acknowledgment Form. Refer to [Section III – Aggregate Financial Call Acknowledgment Form](#).
 - A copy of this acknowledgment form has to be downloaded, completed and uploaded in MAFDRA.

4. Changes to Contacts

Companies are required to inform the WCRIBMA of any changes to contacts by updating the Call Package Acknowledgment Form. It is very important that contact information associated with staff no longer working with a company or staff no longer responsible for reporting financial data for a company is modified immediately. This action will help to ensure that important WCRIBMA correspondence is delivered to the correct person. See the Financial Data Call Package Acknowledgment Form section of the MAFDRA User's Guide for instructions on modifying contacts.

F. Whole Dollar Reporting

All dollar amounts should be reported as whole numbers without decimal places. Values to the right of any decimal place that are greater than or equal to .50 should be rounded upward. Values to the right of the decimal place that are less than or equal to .49 are to be rounded downward.

G. Reporting Credits

Negative amounts should be reported using the negative sign. Do not report negative amounts inside parenthesis. For example:

-1,000	Correct
(1,000)	Incorrect

H. Direct Business

These calls require the reporting of direct business only. Do not report reinsurance assumed or make adjustments for business that has been reinsured.

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I. Policy Term Greater Than One Year and 16 Days in Length

Policies with terms greater than one year and 16 days that are effective on or after January 1, 2009 must be segmented for aggregate financial reporting purposes.

If the policy term is a multiple of 12 months, the policy term is divided into consecutive 12 month segments. If the policy term is not a multiple of 12 months, the policy term is segmented in the same manner as specified on the Policy Period Endorsement (WC000405). The Policy Period Endorsement identifies either the first or last segment as the short-term segment, a segment of less than 12 months.

The beginning date for each segment shall be used for determining the policy year. This is comparable to the use of the policy effective date for determining the policy year for policies having a term of no more than one year and 16 days.

J. M.G.L. Chapter 152 Section 65

1. DIA Assessment

The DIA assessment is **not** to be considered premium and should **not** be included in premium totals.

2. Funds Maintained by the Treasurer of the Commonwealth of Massachusetts

Losses are reported net of second injury fund reimbursements from the Massachusetts Workers' Compensation Trust Fund.

3. Penalties

- a. Sections 7, 8, 10, 13A, and 14 of Chapter 152 provide for penalties or fees to be paid by the insurer in specified situations.

Section 7 sets forth penalties in cases in which the insurer fails either to pay or deny a claim promptly after receiving either a claim form or a First Report of Injury.

Section 8 sets forth penalties (i) in cases in which the insurer fails to make prompt payments in accordance with an order, decision or agreement; and (ii) in cases in which the insurer unlawfully terminates, reduces, or fails to make required payments and is later ordered to do so.

Section 10 requires a penalty fee for referral to the Industrial Accident Board of 130% of the average weekly wage in cases in which the insurer failed to appear at a scheduled conciliation without good cause.

Section 13A (iii) provides for attorneys' fees to be paid to claimants in instances in which insurers have been found to owe late payment penalties under Section 7 or 8 (described above).

Section 14 provides for certain penalties where an Administrative Judge finds that the insurer has brought, prosecuted or defended a proceeding without reasonable grounds.

- b. Any amounts paid as penalties or fees in accordance with these provisions of law must **not** be added to the losses reported on the data calls.

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K. WCRIBMA Contact

All correspondence, including questions and requests for additional information on these calls, should be directed to:

Data Operations Department – WCRIBMA
101 Arch Street, Fifth Floor
Boston, MA 02110

Phone: (617) 439-9030
Fax: (617) 439-6055
Email: DataOperations@wcribma.org

PART II

AGGREGATE FINANCIAL REPORTING

SECTION II

AGGREGATE FINANCIAL REPORTING TIMETABLE

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SECTION II – AGGREGATE FINANCIAL REPORTING TIMETABLE

A. Aggregate Financial Call Data Usage / Reporting Schedule

Call Number	Call Name	Purpose for Collecting Data	Due Date
2	Policy Year Call	Ratemaking	March 15
2A	Policy Year Residual Market Call	Ratemaking	March 15
2C	Policy Year Large Deductible Call	Ratemaking and Pool Participation Ratios	March 15
2D	Policy Year "F" Classification Call	Analysis of Ratemaking Data	March 15
2E	Policy Year Maritime Call	Ratemaking	March 15
3	Accident Year Call	Ratemaking	April 1
3A	Accident Year Residual Market Call	Analysis of Ratemaking Data	April 1
3C	Accident Year Large Deductible Call	Analysis of Ratemaking Data	April 1
4	Reconciliation Report	Data Review / Reconciliation	April 1
5	Residual Market Direct Written Premium	Pool Participation Ratios	April 1
5A	Large Deductible Written Calendar Year Experience	Pool Participation Ratios	April 1
5B	Net Direct Written Premium	Assessments and Pool Participation Ratios	April 1
6	MA Calendar Year Expense Data	Ratemaking	May 15
6A	Insurance Expense Exhibit	Analysis of Ratemaking Data	April 15
7	Large Loss and Catastrophe Call	Ratemaking	April 15

Notes:

- Call Package Acknowledgment Form is to be completed by the end of February.
- Aggregate Financial Call Acknowledgment Form (See [Section III – Aggregate Financial Call Acknowledgment Form](#), page 2) is to be completed by June 1.

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B. Timetable of Key Dates for Data Reporting

March 15 to June 30:

The WCRIBMA receives and reviews the most recent data submitted by each of the carrier groups, runs the edits, and works with carrier groups to obtain any needed corrections or explanations.

June 30:

The WCRIBMA notifies carrier groups of any observed data anomalies.

The WCRIBMA provides the Massachusetts Division of Insurance (DOI) with all carrier groups' reported data and will continue to provide the DOI with carrier group reported data, as it may be revised, on a monthly basis through November 30.

July 31:

Insurance groups with market shares exceeding a given threshold are subject to a Triennial Agreed Upon Procedures (Triennial AUP). The carrier groups' independent auditing firms submit to the DOI and the WCRIBMA the Triennial AUP findings reports pursuant to [Part IV – Examinations and Reconciliations, Subsection B](#).

June 30 to August 31:

The WCRIBMA continues to work with each of the carrier groups to resolve any observed data anomalies.

August 31:

The WCRIBMA reports to the DOI the results of the Commissioner's mandated reconciliations which includes identifying all carrier groups with uncorrected or unexplained tolerance variances. At the DOI's request, any carrier group with such unexplained variances or other unresolved issues may be required to have an independent auditing firm conduct an Targeted Agreed Upon Procedures (Targeted AUP) of the carrier group's data reporting activities.

September 1 to October 31:

On-site Targeted AUPs are conducted by independent auditing firms and the independent auditing firms submit their findings reports to the DOI, the WCRIBMA and the carrier groups.

Carrier groups submit to the DOI and the WCRIBMA their responses to the independent auditing firms' findings reports no later than thirty (30) days following the carrier groups' receipt of the results of such findings report.

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SECTION III

AGGREGATE FINANCIAL CALL ACKNOWLEDGMENT FORM

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SECTION III – AGGREGATE FINANCIAL CALL ACKNOWLEDGMENT FORM

A. Description

This form is required from all companies reporting aggregate financial data to the WCRIBMA, including companies submitting all “NIL” reports. The Aggregate Financial Call Acknowledgment Form must be completed and signed by a designated contact that will be responsible for verifying, to the best of his/her knowledge and belief, the completeness and accurate representation of the following calls:

Call Number	Call Name	Due Date
2, 2A, 2C, 2D, 2E	Policy Year Calls	March 15
3, 3A, 3C	Accident Year Calls	April 1
4	Reconciliation Report	April 1
5	Residual Market Direct Written Premium Call	April 1
5A	Large Deductible Company Level Written Premium	April 1
5B	Direct Written Premium Call	April 1
6	MA Calendar Year Expense Data	May 15
6A	Insurance Expense Exhibit	April 15
7	Large Loss and Catastrophe Call	April 15

B. General Instructions

- The acknowledgment must be signed by a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries.
- If companies are grouped for purposes of aggregate financial data reporting, the Aggregate Financial Call Acknowledgment Form would apply to the data for all companies assigned to the group. An acknowledgement contact may sign for multiple reporting companies within their carrier group if the calls were reported individually.

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C. Aggregate Financial Call Acknowledgment Form

Please provide the contact information for the company officer or company actuary responsible for completion of this form. A non-officer actuarial designee must be a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries.

Acknowledgment Contact Information	
Carrier Group Code	
Carrier Group Name	
Contact Name	
Contact Title	
Contact Department	
Address Line 1	
Address Line 2	
City, State, Zip	
Phone Number	
E-Mail Address	

By signing below, we acknowledge the importance of timely and accurate submission of the aggregate financial data calls which are used for workers' compensation ratemaking in the Commonwealth of Massachusetts. To the best of our knowledge and belief, the aggregate financial data calls listed below accurately represent our premium, loss, and expense experience.

Call Number	Call Name	Due Date
2, 2A, 2C, 2D, 2E	Policy Year Calls	March 15
3, 3A, 3C	Accident Year Calls	April 1
4	Reconciliation Report	April 1
5	Residual Market Direct Written Premium Call	April 1
5A	Large Deductible Company Level Written Premium	April 1
5B	Direct Written Premium Call	April 1
6	MA Calendar Year Expense Data	May 15
6A	Insurance Expense Exhibit	April 15
7	Large Loss and Catastrophe Call	April 15

Signature

Date

This completed form must be received by the WCRIBMA's Data Operations Department no later than June 1, _____.

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SECTION IV

ANNUAL CALLS

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SECTION IV – ANNUAL CALLS

POLICY YEAR CALLS – GENERAL INSTRUCTIONS

Policy Year Calls: Calls # 2, 2A, 2C, 2D, 2E

Data Period: Policy Year data
Due Date: March 15

A. General Description

These are calls for Massachusetts workers' compensation experience summarized by policy year.

B. General Instructions (Applies to all Policy Year Calls)

1. Report aggregate totals (inception to date totals). Consequently, no premium, paid loss, or claim count values should be less than zero.
2. Massachusetts claims are those that relate to Massachusetts exposures used to calculate Massachusetts premiums. See [Part III – Definitions](#) for further details.
3. Report all loss amounts on a first dollar basis. In other words, for any policies having deductibles, report the loss amounts gross, before any deductible offset. This applies to:
 - Massachusetts Benefits Deductible Premium Credit
 - Massachusetts Benefits Claim and Aggregate Deductible Premium Credit
 - Independently filed large or small deductible programs
4. The following experience should not be included in these calls:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
5. The following fields must always be positive:
 - Earned Premiums (Columns 1-3)
 - Indemnity Paid (Column 4)
 - Medical Paid (Column 5)
 - Indemnity Case Reserves (Column 6)
 - Medical Case Reserves (Column 7)
 - Incurred Indemnity Claim Count – Closed (with payment) (Column 11)
 - Incurred Indemnity Claim Count – Open (Outstanding) (Column 12)
 - Defense and Cost Containment Expense Paid (Column 13)
 - Defense and Cost Containment Expense Case (Column 14)
 - Premium Adjustment due to ARAP Surcharge (Column 15)

The following fields must always be negative:

- Premium Adjustments due to Construction Credit (Column 16)
- Premium Adjustments due to QLMP Credit (Column 17)
- Premium Adjustments due to Scheduled Rating Plans (Column 18)

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6. Policy Year calls earned premiums (columns 1, 2 and 3) should include audit accruals. If these amounts are not estimated at policy year level then make a reasonable allocation. Any future audit accruals allocation should be consistent with prior allocations.
7. Policy Year calls net earned premium (column 3) should include retrospective rating accruals.

C. Row Instructions (Applies to all Policy Year Calls):

- For each Line A-V, report the cumulative premium, paid losses, claim counts, and paid DCC from the date of policy inception to 12/31 of the current reporting year. Report loss reserves and DCC reserves as of December 31 of the current reporting year.
- For Line A, report all years prior to the twenty plus current.
- Line X is a calculated row; it is the sum of Lines A-V.
- For Line Y, report the prior year's call Line X.
- Line Z is a calculated row; it is the difference of Line X minus Line Y. This is the calendar year total for the current year.

D. Column Instructions (Applies to all Policy Year Calls):

- Column 1:** Policy Year Accumulated Earned Premium – Standard at Bureau DSR Level
- Column 2:** Policy Year Accumulated Earned Premium – Standard at Company Level
- Column 3:** Policy Year Accumulated Earned Premium – Net
- Column 4:** Accumulated Policy Year – Paid Indemnity
- Column 5:** Accumulated Policy Year – Paid Medical
- Column 6:** Accumulated Policy Year – Case Reserves Indemnity
- Column 7:** Accumulated Policy Year – Case Reserves Medical
- Column 8:** Indemnity and Medical Total Paid Losses - MAFDRA and the MAFDRA templates will calculate Column 8 as Columns 4 and 5 are entered.
- Column 9:** Indemnity and Medical Total Case Reserves - MAFDRA and the MAFDRA templates will calculate Column 9 as Columns 6 and 7 are entered.
- Column 10:** Indemnity and Medical Total Case Incurred Losses - MAFDRA and the MAFDRA templates will calculate Column 10 as Columns 8 and 9 are entered.
- Column 11:** Policy Year Incurred Indemnity Claim Count – Accumulated Closed (with payment)
- Column 12:** Policy Year Incurred Indemnity Claim Count – Open (Outstanding)
- Column 13:** Accumulated Policy Year Defense and Cost Containment Expense – Paid
- Column 14:** Accumulated Policy Year Defense and Cost Containment Expense – Case Reserves
- Column 15:** Premium Adjustments Due to ARAP Surcharge

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Column 16: Premium Adjustments Due to Construction Credit Program (MA CCPAP)

Column 17: Premium Adjustments Due to QLMP Credit

Column 18: Premium Adjustments Due to Scheduled Rating Plans

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CALL # 2 – POLICY YEAR CALL

A. Call Specific Description

Report Massachusetts workers' compensation experience excluding large deductible policies.

B. Call Specific Instructions (Applies in addition to [Policy Year Calls General Instructions](#))

1. Report premium and loss amounts for the current policy year and the twenty policy years prior to the current policy year. For earlier policy years, combine the data and report on the "All Prior Combined" line.
2. Reporting of the following elements is only required for policy years 1994 and subsequent:
 - Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 11)
 - Incurred Indemnity Claim Count - Open Outstanding (column 12)
 - Defense and Cost Containment Expenses Paid (column 13)
 - Defense and Cost Containment Expenses Case Reserves (column 14)
 - Premium Adjustments due to Scheduled Rating Plans (column 18)
3. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later
 - Large Deductible experience

CALL #2 – POLICY YEAR CALL

Line	Report Level	Policy Year Valued	(1) Policy Year Accumulated Earned Premium			(4) Paid		(6) Case Reserves	
			Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2 – POLICY YEAR CALL

Line	Report Level	Policy Year Being Valued	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
			Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2 – POLICY YEAR CALL

Line	Report Level	Policy Year Being Valued	(15)	(16)	(17)	(18)
			Premium Adjustments			
			Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL #2A: POLICY YEAR RESIDUAL MARKET CALL

A. Call Specific Description

Report all Massachusetts workers' compensation residual market experience.

The Massachusetts residual market is made up of the following:

- Massachusetts Assigned Risk Pool
- Voluntary Direct Assigned Risks

B. Call Specific Instructions (Applies in addition to [Policy Year Calls General Instructions](#))

1. The Massachusetts Assigned Risk Pool assigns residual market policies to either a servicing carrier or to a voluntary direct assignment carrier. Both types of policies are to be reported.
2. Report premium and loss amounts for the policy years 1989 and subsequent.
3. Reporting of the following elements is only required for policy years 1994 and subsequent:
 - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 11)
 - Incurred Indemnity Claim Count – Open Outstanding (column 12)
 - Defense and Cost Containment Expenses Paid (column 13)
 - Defense and Cost Containment Expenses Case Reserves (column 14)
4. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later

CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

Line	Report Level	Policy Year Being Valued	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
			Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

Line	Report Level	Policy Year Being Valued	(15)	(16)	(17)	(18)
			Premium Adjustments			
			Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL #2C: POLICY YEAR LARGE DEDUCTIBLE CALL

A. Call Specific Description

Report Massachusetts workers' compensation large deductible experience summarized by policy year. In Massachusetts, large deductibles are defined as policies with per claim deductibles of at least \$75,000¹.

B. Call Specific Instructions (Applies in addition to [Policy Year Calls General Instructions](#))

1. Report premium and loss amounts for policy years 1990 and subsequent.
2. Reporting of the following elements is only required for policy years 1994 and subsequent:
 - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 11)
 - Incurred Indemnity Claim Count – Open Outstanding (column 12)
 - Defense and Cost Containment Expenses Paid (column 13)
 - Defense and Cost Containment Expenses Case Reserves (column 14)
3. Effective January 1, 2007 report:
 - Premium Adjustments due to Schedule Rating Plans (column 18).
4. Policies with provisions for the Massachusetts Benefits Deductible Premium Credit or the Massachusetts Benefits Claim and Aggregate Deductible Premium Credit are **not** to be reported on this call.
5. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later
 - Residual Market Experience

¹ Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least \$100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to \$75,000.

CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

Line	Report Level	Policy Year Being Valued	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
			Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

Line	Report Level	Policy Year Being Valued	(8) (9) (10)			(11) (12)		(13) (14)	
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
			Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

(15)(15)

(16)

(17)

(18)

Line	Report Level	Policy Year Being Valued	Premium Adjustments			
			Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL #2D: POLICY YEAR “F” CLASSIFICATION CALL

A. Call Specific Description

Report Massachusetts workers' compensation “F” classification experience.

B. Call Specific Instructions (Applies in addition to [Policy Year Calls General Instructions](#))

1. The policy year call makes a distinction between Federal “F” Classification and Non “F” Classification. The policy year call does not make a distinction between USL&HW and Non USL&HW. Even if the rate for a Non “F” Classification code has been modified by the USL&HW premium multiplier, it should **not** be classified as “F” Classification.

2. Report premium and loss amounts for the current policy year and the twenty policy years prior to the current policy year. For earlier policy years, combine the data and report on the “All Prior Combined” line.

3. Effective January 1, 2007, “F” classification experience for policy years 2006 and subsequent is to be reported on an individual classification-by-classification basis.

For policy years 2005 and prior, report “F” classification experience in the same manner as reported previously.

4. For a complete listing of all classification codes, refer to the rate table in the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

5. Reporting of the following elements is only required for policy years 1994 and subsequent:

- Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 11)
- Incurred Indemnity Claim Count - Open Outstanding (column 12)
- Defense and Cost Containment Expenses Paid (column 13)
- Defense and Cost Containment Expenses Case Reserves (column 14)

6. Effective January 1, 2007 report:

- Premium Adjustments due to Schedule Rating Plans (column 18).

7. Exclude the following experience when compiling the data for this call:

- Excess Workers' Compensation (written over a self-insured retention)
- National Defense Projects Rating Plan
- Terrorism Insurance Program (Certified Acts of Terrorism) Premium
- Maritime Experience

CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

Line	Report Level	Policy Year Being Valued	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
			Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

Line	Report Level	Policy Year Being Valued	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
			Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

(15)

(16)

(17)

(18)

Line	Report Level	Policy Year Being Valued	Premium Adjustments			
			Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL #2E: POLICY YEAR MARITIME CLASSIFICATION CALL

A. Call Specific Description

Report Massachusetts workers' compensation maritime experience summarized by policy year. See [Part III – Definitions](#) for further details about maritime experience.

B. Call Specific Instructions (Applies in addition to [Policy Year Calls General Instructions](#))

1. Report premium and loss amounts for the policy years 2006 and subsequent. Maritime experience for policy years prior to policy year 2006 is to be excluded from this call.
2. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
 - F Classification experience

CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

Line	Report Level	Policy Year Being Valued	(1) Policy Year Accumulated Earned Premium			(4) Paid		(6) Case Reserves	
			(2) Standard at Bureau Designated Statistical Reporting Level	(3) Standard at Company Level	(5) Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

Line	Report Level	Policy Year Being Valued	(8) (9) (10) Indemnity and Medical – Total Losses			(11) (12) Policy Year Incurred Indemnity Claim Count		(13) (14) Accumulated Policy Year Defense and Cost Containment Expense	
			Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

(15)

(16)

(17))

(18)

Line	Report Level	Policy Year Being Valued	Premium Adjustments			
			Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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ACCIDENT YEAR CALLS – GENERAL INSTRUCTIONS

Accident Year Calls: Calls # 3, 3A, 3C

Data Period: Accident Year data
Due Date: April 1

A. General Description

These are calls for Massachusetts workers' compensation experience summarized by accident year.

B. General Instructions (Applies to all Accident Year Calls)

1. Report aggregate totals (inception to date totals). Consequently, no paid loss or claim count values should be less than zero.
2. Massachusetts claims are those that relate to Massachusetts exposures used to calculate Massachusetts premiums. See [Part III - Definitions](#) for further details.
3. Report all loss amounts on a first dollar basis. In other words, for any policies having deductibles, report the loss amounts gross, before any deductible offset. This applies to:
 - Massachusetts Benefits Deductible Premium Credit
 - Massachusetts Benefits Claim and Aggregate Deductible Premium Credit
 - Independently filed large or small deductible programs
4. The following experience should not be included in these calls:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later
5. The following fields must always be positive:
 - Indemnity Paid (Column 1)
 - Medical Paid (Column 2)
 - Indemnity Case Reserves (Column 3)
 - Medical Case Reserves (Column 4)
 - Incurred Indemnity Claim Count: Closed (with payment) (Column 8)
 - Incurred Indemnity Claim Count – Open (Outstanding) (Column 9)
 - Defense and Cost Containment Expense Paid (Column 10)
 - Defense and Cost Containment Expense Case Reserves (Column 11)

C. Row (Line) Instructions (Applies to all Accident Year Calls):

- For each Line A-V, report the cumulative paid losses from the date of accident through December 31 of the current reporting year. Report loss reserves or claim counts as of December 31 of the current reporting year.

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-
- For Line A, report all years prior to the twenty plus current.
 - Line X is a calculated row; it is the sum of Lines A-V.
 - For Line Y, report the prior year's call Line X.
 - Line Z is a calculated row; it is the difference of Line X minus Line Y. This is the calendar year total for the current year.

D. Column Instructions (Applies to all Accident Year Calls):

Column 1: Accumulated Accident Year – Paid Indemnity

Column 2: Accumulated Accident Year – Paid Medical

Column 3: Accumulated Accident Year – Case Reserves Indemnity

Column 4: Accumulated Accident Year – Case Reserves Medical

Column 5: Indemnity and Medical Total Paid Losses - MAFDRA and the MAFDRA templates will calculate Column 5 as Columns 1 and 2 are entered.

Column 6: Indemnity and Medical Total Case Reserves - MAFDRA and the MAFDRA templates will calculate Column 6 as Columns 3 and 4 are entered.

Column 7: Indemnity and Medical Total Case Incurred losses - MAFDRA and the MAFDRA templates will calculate Column 7 as Columns 5 and 6 are entered.

Column 8: Accident Year Incurred Indemnity Claim Count – Accumulated Closed (with payment)

Column 9: Accident Year Incurred Indemnity Claim Count – Open (Outstanding)

Column 10: Accumulated Accident Year Defense and Cost Containment Expense – Paid

Column 11: Accumulated Accident Year Defense and Cost Containment Expense – Case Reserves

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CALL #3 – ACCIDENT YEAR CALL

A. Call Specific Description

Report Massachusetts workers' compensation experience excluding large deductible policies summarized by accident year.

B. Call Specific Instructions (Applies in addition to [Accident Year Calls General Instructions](#))

1. Report loss amounts for the current accident year and the twenty accident years prior to the current accident year. For earlier accident years, combine the data and report on the "All Prior Combined" line.
2. Reporting of the following elements is only required for accident years 1994 and subsequent:
 - Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 8)
 - Incurred Indemnity Claim Count - Open (Outstanding) (column 9)
 - Defense and Cost Containment Expenses Paid (column 10)
 - Defense and Cost Containment Expenses Case Reserves (column 11)
3. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later
 - Large Deductible experience

CALL #3 – ACCIDENT YEAR CALL

Line	Report Level	Accident Year Being Valued	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
			Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #3 – ACCIDENT YEAR CALL

Line	Report Level	Accident Year Being Valued	(8) Accident Year Incurred Indemnity Claim Count		(9) (10) (11) Accumulated Accident Year Defense and Cost Containment Expense	
			Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL # 3A – ACCIDENT YEAR RESIDUAL MARKET CALL

A. Call Specific Description

Report Massachusetts workers' compensation residual market experience summarized by accident year.

The Massachusetts residual market is made up of the following:

- Massachusetts Assigned Risk Pool
- Voluntary Direct Assigned Risks

B. Call Specific Instructions (Applies in addition to [Accident Year Calls General Instructions](#))

1. The Massachusetts Assigned Risk Pool assigns residual market policies to either a servicing carrier or to a voluntary direct assignment carrier. Both types of policies are to be reported.
2. Report loss amounts for the accident years 1989 and subsequent.
3. Reporting of the following elements is only required for accident years 1994 and subsequent:
 - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 8)
 - Incurred Indemnity Claim Count – Open Outstanding (column 9)
 - Defense and Cost Containment Expenses Paid (column 10)
 - Defense and Cost Containment Expenses Case Reserves (column 11)
4. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - "F" Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later

CALL #3A – ACCIDENT YEAR RESIDUAL MARKET CALL

Line	Report Level	Accident Year Being Valued	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
			Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #3A – ACCIDENT YEAR RESIDUAL MARKET CALL

Line	Report Level	Accident Year Being Valued	(8) Accident Year Incurred Indemnity Claim Count		(9) (10) (11) Accumulated Accident Year Defense and Cost Containment Expense	
			Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL # 3C– ACCIDENT YEAR LARGE DEDUCTIBLE CALL

A. Call Specific Description

Report Massachusetts workers' compensation large deductible experience summarized by accident year. In Massachusetts, large deductibles are defined as policies with per claim deductibles of at least \$75,000².

B. Call Specific Instructions (Applies in addition to [Accident Year Calls General Instructions](#))

1. Report loss amounts for accident years 1990 and subsequent.
2. Reporting of the following elements is only required for accident years 1994 and subsequent:
 - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 8)
 - Incurred Indemnity Claim Count – Open Outstanding (column 9)
 - Defense and Cost Containment Expenses Paid (column 10)
 - Defense and Cost Containment Expenses Case Reserves (column 11)
3. Policies with provisions for the Massachusetts Benefits Deductible Premium Credit or the Massachusetts Benefits Claim and Aggregate Deductible Premium Credit are **not** to be reported on this call.
4. Exclude the following experience when compiling the data for this call:
 - Excess Workers' Compensation (written over a self-insured retention)
 - National Defense Projects Rating Plan
 - F Classification experience
 - Maritime experience for all policies effective January 1, 2006 and later
 - Residual Market Experience

² Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least \$100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to \$75,000.

CALL #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

Line	Report Level	Accident Year Being Valued	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
			Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
X.	Total to Current 12/31 Sum (A) to (V)								
Y.	Total to Prior 12/31 Sum (A) to (V)								
Z.	Calendar Year Experience (X-Y)								

CALL #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

Line	Report Level	Accident Year Being Valued	(8) Accident Year Incurred Indemnity Claim Count		(9) (10) (11) Accumulated Accident Year Defense and Cost Containment Expense	
			Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
X.	Total to Current 12/31 Sum (A) to (V)					
Y.	Total to Prior 12/31 Sum (A) to (V)					
Z.	Calendar Year Experience (X-Y)					

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CALL #4: RECONCILIATION REPORT

Data Period: Calendar Year data
Due Date: April 1st

A. Description

The report compares the net earned premium and incurred losses reported on the policy year and accident year calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14) and also the standard earned premium data to the net earned premium reported to the WCRIBMA.

B. Reporting Requirements

1. Page 1 reconciles the net earned premium from the policy year calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14 data, Line 16 column 2). All reconcilable items must be identified and explained.
2. Page 2 reconciles the Incurred Losses from the Policy Year and Accident Year Calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14 data, Line 16 column 6). All reconcilable items must be identified and explained.
3. Page 3 reconciles the Standard Earned Premium at DSR Level to the Net Earned Premium from the Policy Year Calls. Differences exceeding \$500 must be reconciled. All reconcilable items must be identified and explained.
4. Submit the reconciliation report on same carrier or carrier group basis as the Policy Year and Accident Year calls.

Earned Premium Reconciliation Report (Page 1 of 3)

- Line 1:** Total Market Net Premium, Policy Year Call (Call #2), Line Z, column (3).
- Line 2:** Total Market Premium Adjustments due to ARAP Surcharge, Policy Year Call (Call #2), Line Z, column (15).
- Line 3:** Total Market Premium Adjustments due to QLMP Credit, Policy Year Call (Call #2), Line Z, column (17).
- Line 4:** Large Deductible Net Premium, Policy Year Large Deductible Call (Call #2C), Line Z, column (3).
- Line 5:** Large Deductible Premium Adjustments due to ARAP Surcharge, Policy Year Large Deductible (Call #2C), Line Z, column (15).
- Line 6:** "F" Classification Net Premium, Policy Year "F" Classification Call (Call #2D), Line Z, column (3).
- Line 7:** "F" Classification Premium Adjustments due to ARAP Surcharge, Policy Year "F" Classification Call (Call #2D), Line Z, column (15).
- Line 8:** "F" Classification Premium Adjustments due to QLMP Credit, Policy Year "F" Classification Call (Call #2D), Line Z, column (17).

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- Line 9:** Maritime Classification Net Premium, Policy Year Maritime Classification Call (Call #2E), Line Z, column (3).
- Line 10:** Maritime Classification Premium Adjustments due to ARAP Surcharge, Policy Year Maritime Classification Call (Call #2E), Line Z, column (15).
- Line 11:** Maritime Classification Premium Adjustments due to QLMP Credit, Policy Year Maritime Classification Call (Call #2E), Line Z, column (17).
- Line 12:** Sum of Lines 1 through 11.
- Line 13:** National Defense Projects.
- Line 14:** Terrorism Insurance Program (Certified Acts of Terrorism) Premium.
- Line 15:** Subtotal of Lines 13 and 14.
- Line 16:** Annual Statement Earned Premium, Exhibit of Premium and Losses (Statutory Page 14 data), Line 16, Column 2.
- Line 17:** Difference of (Line 16 – Line 15 – Line 12).
- Line 18:** "Write-Ins" Reconciliation Item
- Line 19:** "Write-Ins" Reconciliation Item.
- Line 20:** "Write-Ins" Reconciliation Item.
- Line 21:** "Write-Ins" Reconciliation Item.
- Line 22:** "Write-Ins" Reconciliation Item.
- Line 23:** Sum of Lines 18 through 22.
- Line 24:** Difference of (Line 23 – Line 17)

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Incurred Loss Reconciliation Report (Page 2 of 3)

- Line 1:** Calendar Year Case Incurred Losses. Column (1) from Line Z, column (13) of Policy Year Call (Call #2). Column (2) from Line Z, column (10) of Accident Year Call (Call #3).
- Line 2:** Large Deductible Case Incurred Losses. Column (1) from Line Z, column (13) of Policy Year Large Deductible Call (Call #2C). Column (2) from Line Z, column (10) of Accident Year Large Deductible Call (Call #3C).
- Line 3:** "F" Classification Case Incurred Losses; Policy Year "F" Classification Call (Call #2D), Line Z, column (13).
- Line 4:** Maritime Classification Case Incurred Losses; Policy Year Maritime Classification Call (Call #2E), Line Z, column (13).
- Line 5:** Sum of Lines 1 through 4
- Line 6:** National Defense Projects
- Line 7:** Deductible Reimbursements (Large)
- Line 8:** Deductible Reimbursements (Small)
- Line 9:** Sections 7, 8, 10, 13A and 14 penalties
- Line 10:** Incurred But Not Reported (IBNR) Reserves
- Line 11:** DCC on Employers Liability Claims
- Line 12:** Sum of Lines 6 through 11
- Line 13:** Annual Statement Incurred Loss, Exhibit of Premium and Losses (Statutory Page 14 data), Line 16, Column 6.
- Line 14:** Difference of (Line 13 – Line 12 – Line 5)
- Line 15:** "Write-Ins" Reconciliation Item
- Line 16:** "Write-Ins" Reconciliation Item
- Line 17:** "Write-Ins" Reconciliation Item
- Line 18:** "Write-Ins" Reconciliation Item
- Line 19:** "Write-Ins" Reconciliation Item
- Line 20:** Sum of Lines 15 through 19
- Line 21:** Difference of (Line 20 – Line 14)

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Net Premium Reconciliation Report (Page 3 of 3)

- Line 1:** Total Market Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Call (Call #2), Line Z column (1).
- Line 2:** Large Deductible Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Large Deductible Call (Call #2C), Line Z column (1).
- Line 3:** "F" Classification Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year "F" Classification Call (Call #2D), Line Z column (1).
- Line 4:** Maritime Classification Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Maritime Classification Call (Call #2E), Line Z column (1).
- Line 5:** Sum of Lines 1 through 4.
- Line 6:** Rate Deviations.
- Line 7:** Premium discounts.
- Line 8:** Large Deductible Premium Credits.
- Line 9:** Massachusetts Benefits Deductible Premium Credit.
- Line 10:** Massachusetts Benefits Claim and Aggregate Deductible Premium Credit.
- Line 11:** Retrospective Rating Adjustments.
- Line 12:** Scheduled Rating Adjustments.
- Line 13:** Sum of Lines 6 through 12.
- Line 14:** Sum of Lines 5 and 13.
- Line 15:** Total Market Calendar Year Net Premium. Policy Year Call (Call #2), Line Z, column (3).
- Line 16:** Large Deductible Calendar Year Net Premium. Policy Year Large Deductible Call (Call #2C), Line Z, column (3).
- Line 17:** "F" Classification Calendar Year Net Premium. Policy Year "F" Classification Call (Call #2D), Line Z, column (3).
- Line 18:** Maritime Classification Calendar Year Net Premium. Policy Year Maritime Classification Call (Call #2E), Line Z, column (3).
- Line 19:** Sum of Lines 15 through 18.
- Line 20:** Difference of (Line 19 – Line 14).
- Line 21:** "Write-Ins" Reconciliation Item.
- Line 22:** "Write-Ins" Reconciliation Item.

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- Line 23:** "Write-Ins" Reconciliation Item.
- Line 24:** "Write-Ins" Reconciliation Item.
- Line 25:** "Write-Ins" Reconciliation Item.
- Line 26:** Sum of Lines 21 through 25.
- Line 27:** Difference of (Line 26 – Line 20).

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Earned Premium data reported to the WCRIBMA in response to the current Calls for Experience and the Massachusetts Exhibit of Premiums & Losses data from the current Annual Statement. Enter amounts indicated below:

Earned Premium Reconciliation

I. Indicated Calendar Year Results	
A. Policy Year Call (Call #2)	
1. Net Premium (Line Z, column (3))	_____
2. Premium Adjustments due to ARAP Surcharge (Line Z, column (15))	_____
3. Premium Adjustments due to QLMP Credit (Line Z, column (17))	_____
B. Policy Year Large Deductible Call (Call #2C)	
4. Net Premium (Line Z, column (3))	_____
5. Premium Adjustments due to ARAP Surcharge (Line Z, column (15))	_____
C. Policy Year "F" Classification Call (Call #2D)	
6. Net Premium (Line Z, column (3))	_____
7. Premium Adjustments due to ARAP Surcharge (Line Z, column (15))	_____
8. Premium Adjustments due to QLMP Credit (Line Z, column (17))	_____
D. Policy Year Maritime Classification Call (Call #2E)	
9. Net Premium (Line Z, column (3))	_____
10. Premium Adjustments due to ARAP Surcharge (Line Z, column (15))	_____
11. Premium Adjustments due to QLMP Credit (Line Z, column (17))	_____
12. Subtotal (Lines 1 through 11)	_____
II. Listed Reconciliation Items	
13. National Defense Projects	_____
14. Terrorism Insurance Program (Certified Acts of Terrorism) Premium	_____
15. Subtotal (Lines 13 and 14)	_____
III. Annual Statement	
16. Exhibit of Premium and Losses (Statutory Page 14 Data), Line 16, Column 2 (Earned Premium)	_____
IV. Difference	
17. Calculate as indicated (Line 16 – Line 15 – Line 12)	_____
V. "Write-Ins" Reconciliation Items (provide short description below)	
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. Subtotal (Lines 18 through 22)	_____
VI. Remaining Variance	
24. Imbalance (Line 23 – Line 17)	_____

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Case Incurred Loss data reported to the WCRIBMA in response to the current Calls for Experience and the Massachusetts Exhibit of Premiums & Losses data from the current Annual Statement. Enter amounts indicated below:

Incurred Loss Reconciliation

	Policy Year (1)	Accident Year (2)
I. Indicated Calendar Year Results		
1. Calendar Year Case Incurred Losses	_____	_____
2. Large Deductible Case Incurred Losses	_____	_____
3. "F" Classification Case Incurred Losses (from the Policy Year "F" Classification Call)	_____	_____
4. Maritime Classification Case Incurred Losses (from the Policy Year Maritime Call)	_____	_____
5. Subtotal (Lines 1 through 4)	_____	_____
II. Listed Reconciliation Items		
6. National Defense Projects	_____	_____
7. Deductible Reimbursements (Large)	_____	_____
8. Deductible Reimbursements (Small)	_____	_____
9. Sections 7, 8, 10, 13A, and 14 penalties	_____	_____
10. Incurred But Not Reported (IBNR) Reserves	_____	_____
11. DCC on Employers Liability Claims	_____	_____
12. Subtotal (Lines 6 through 11)	_____	_____
III. Annual Statement		
13. Exhibit of Premium and Losses (Statutory Page 14 Data), Line 16, Column 6 (Incurred Loss)	_____	_____
IV. Difference		
14. Calculate as indicated (Line 13 – Line 12 – Line 5)	_____	_____
V. "Write-Ins" Reconciliation Items (provide short description below)		
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. Subtotal (Lines 15 through 19)	_____	_____
VI. Remaining Variance		
21. Imbalance (Line 20 – Line 14)	_____	_____

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Standard Earned Premium data to the Net Earned Premium reported to the WCRIBMA in response to the current Calls for Experience. Enter amounts indicated below:

Calendar Year Earned Premium

I.	Calendar Year Standard Premium at Bureau Designated Statistical Reporting Level	
	1. Policy Year Call – (Line Z, column (1))	_____
	2. Policy Year Large Deductible Call – (Line Z, column (1))	_____
	3. Policy Year “F” Classification Call – (Line Z, column (1))	_____
	4. Policy Year Maritime Classification Call – (Line Z, column (1))	_____
	5. Subtotal (Lines 1 through 4)	_____
II.	Premium Components:	
	6. Rate Deviations	
	7. Premium discounts.	_____
	8. Large Deductible Premium Credits with deductible amount of at least \$75,000 ³ .	_____
	9. Massachusetts Benefits Deductible Premium Credit.	_____
	10. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit.	_____
	11. Retrospective Rating Adjustments	_____
	12. Scheduled Rating Adjustments	_____
	13. Subtotal (Lines 6 through 12)	_____
III.	Calculated Net Premium	
	14. Sum Lines 5 and 13	_____
IV.	Calendar Year Net Earned Premium	
	15. Policy Year Call – (Line Z, column (3))	_____
	16. Policy Year Large Deductible Call – (Line Z, column (3))	_____
	17. Policy Year “F” Classification Call – (Line Z, column (3))	_____
	18. Policy Year Maritime Classification Call – (Line Z, column (3))	_____
	19. Total Net Earned Premium (Sum Lines 15 through 18)	_____
V.	Difference	
	20. Calculate as indicated (Line 19 – Line 14)	_____
VI.	“Write-Ins” Reconciliation Items (provide short description below)	
	21. _____	_____
	22. _____	_____
	23. _____	_____
	24. _____	_____
	25. _____	_____
	26. Subtotal (Lines 21 through 25)	_____
VII.	Remaining Variance	
	27. Imbalance (Line 26 – Line 20)	_____

³ Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least \$100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to \$75,000.

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CALL #5 RESIDUAL MARKET DIRECT WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

Report the calendar year direct written premium, consistent with the reporting on the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14), by policy year for residual market policies.

B. Reporting Requirements

1. For each of the five most recent policy years, report the policy year contribution to the calendar year direct written premium for residual market policies.
2. The remaining calendar year direct written premium for residual market policies should be reported in the prior year line (Line A).
3. Terrorism Insurance Program (Certified Acts of Terrorism) Premium should be **included**, consistent with the reporting of direct premium on the Annual Statement.

C. Column Instructions

Column 1: Residual Market (including "F" Classification and Maritime experience) Direct Written Premium
Massachusetts workers' compensation and employer's liability direct written premiums as reported on Column 1, Line 16 Statutory Page 14 of the Annual Statement for residual market policies (i.e., voluntary direct assigned risk policies and servicing carrier policies).

Column 2: VDAR (including "F" Classification and Maritime experience) Direct Written Premium
Massachusetts workers' compensation and employer's liability direct written premiums as reported on Column 1, Line 16 Statutory Page 14 of the Annual Statement for voluntary direct assigned risk policies. This item refers only to VDAR policy premium. It does not refer to assigned risk premium from policies serviced by servicing carriers.

Call # 5 – RESIDUAL MARKET DIRECT WRITTEN PREMIUM

			(1)	(2)
Line	Calendar Year	Policy Year	Residual Market (including “F” Classification and Maritime experience)	VDAR (including “F” Classification and Maritime experience)
A.	XXXX	Prior to XXXX - 4		
B.	XXXX	XXXX - 4		
C.	XXXX	XXXX - 3		
D.	XXXX	XXXX - 2		
E.	XXXX	XXXX - 1		
F.	XXXX	XXXX		
G.	Total			

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CALL #5A – LARGE DEDUCTIBLE COMPANY LEVEL WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

For large deductible policies, report the current calendar year written standard premium at company level and the ARAP surcharge.

B. Reporting Requirements

1. Data is to be reported for all large deductible policies effective on or after January 1, 1994.
2. Consistent with the Policy Year Large Deductible Call⁵, Terrorism Insurance Program (Certified Acts of Terrorism) Premium should **not** be included.
3. Unlike the Policy Year Large Deductible Call, **do not exclude** written premiums associated with "F" Classification and Maritime experience.

C. Column Instructions

Column 1: Large Deductible¹ Written Standard Premium at Company Level
The Large Deductible Written Standard Premium at Company Level is analogous to the earned Standard at Company Level premium reported on Call # 2C – Policy Year Large Deductible Call **except** that this call is asking for written premium instead of earned premium and includes written premiums associated with "F" Classification and Maritime experience.

Column 2: Large Deductible⁴ Written ARAP Premium Surcharge
The Large Deductible Written ARAP Premium Surcharge is analogous to the earned ARAP premiums reported on Call # 2C – Policy Year Large Deductible Call **except** that this call is asking for written premium instead of earned premium and includes written premiums associated with "F" Classification and Maritime experience.

⁴ Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least \$100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to \$75,000.

Call # 5A – LARGE DEDUCTIBLE COMPANY LEVEL WRITTEN PREMIUM

(1)

(2)

Calendar Year	Large Deductible Company Level Written Premium	
	Standard Premium	ARAP Premium
XXXX		

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CALL #5B – DIRECT WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

This written premium report records the calendar year workers' compensation direct written premiums for certain market segments. The most recent calendar year data through December 31 should be reported.

B. Reporting Requirements

1. For purposes of reporting USL&HW written premium, include "F" Classification codes and Non "F" Classification codes that have been modified by the USL&HW premium multiplier.
2. The Total calculated in column (4) must reconcile to the direct written premium reported on the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).
3. Terrorism Insurance Program (Certified Acts of Terrorism) Premium **should be included**, consistent with the reporting of direct premium on the Annual Statement.
4. Include premiums associated with Maritime experience.

C. Column Instructions

- Column 1:** Direct Written Premium
Report all premiums written in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14), excluding all premiums for U.S. Longshore and Harborworkers' Act (USL&HW), and National Defense Plans.
- Column 2:** USL&HW Premium
Report all premiums written under the U.S. Longshore and Harborworkers' Act (USL&HW), in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).
- Column 3:** National Defense Plan Premium
Report all premiums written under special National Defense Comprehensive Rating or specific National Defense Premium Discount plans, in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).
- Column 4:** The sum of Columns (1) through (3)
- Column 5:** Large Deductible Direct Written Premium
Massachusetts workers' compensation and employer's liability direct written premiums as reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14) for large deductible policies including written premiums associated with "F" Classification and Maritime experience. Only report premiums for policies effective on or after January 1, 1994.

CALL #5B – DIRECT WRITTEN PREMIUM

	(1)	(2)	(3)	(4)	(5)
	Direct Written Premium				
Calendar Year	All Premium	USL&HW Premium	National Defense Plan Premium	Total of Columns (1) – (3) Reconcilable to Exhibit of Premiums and Losses	Large Deductible
XXXX					

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CALL #6: MASSACHUSETTS CALENDAR YEAR EXPENSE DATA

Data Period: Calendar Year data
Due Date: May 15

A. Description

Report the expenses associated with writing workers' compensation coverage in Massachusetts.

B. General Instructions

1. Adjusting and Other (AO) Expenses should be reported in accordance with the current NAIC definitions.
2. Expenses are reported on a calendar year basis.
3. Do not report expense amounts paid as penalties or fees in accordance with Sections 7, 8, 10, 13A, and 14 of Chapter 152 of the [General Laws of Massachusetts](#).
4. Do not subtract from the expense totals any fees received for servicing policies for a third party including servicing carrier fees.
5. Expense values are for all workers' compensation business, including "F" Classification experience, Large Deductible, Maritime experience as well as National Defense experience.

C. Row Instructions

- Row 1:** Other Acquisitions, Field Supervision, and Collection Expenses Incurred. Commission and Brokerage Expenses should be excluded.
- Row 2:** Adjusting and Other Expenses.
- Row 3:** General Expenses. Note that this should **include** the Boards and Bureau Expenses which are also reported separately.
- Row 3A:** Boards and Bureau Expenses.
- Row 4:** Incidental Income. A positive value indicates income for the calendar year.
- Row 5:** Unreported Expenses. A positive value indicates an expense for the calendar year.
- Row 6:** Uncollectible Premium Receivables. A positive value indicates an expense for the calendar year.

Call # 6 – MASSACHUSETTS CALENDAR YEAR EXPENSE DATA

Expense Category		Incurred
(1)	Other Acquisitions, Field Supervision and Collection Expenses	
(2)	Adjusting and Other Expenses	
(3)	General Expenses	
(3A)	Boards and Bureau Expenses	
(4)	Incidental Income	
(5)	Unreported Expenses	
(6)	Uncollectible Premium Receivables	

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CALL #6A: INSURANCE EXPENSE EXHIBIT

Data Period: Calendar Year data
Due Date: April 15

A. Description

Report a copy of the Insurance Expense Exhibit (IEE) which provides countrywide expense information.

B. General Instructions

1. You are not required to submit the Insurance Expense Exhibit (IEE) to WCRIBMA if your company has already submitted it to the National Association of Insurance Commissioners (NAIC).
2. If your company does not submit its IEE to the NAIC, you must send a pdf copy via MAFDRA to WCRIBMA.
3. Please submit your IEE on an individual company basis rather than a group basis.

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CALL # 7: LARGE LOSS & CATASTROPHE CALL

Data Period: Claims valued as of December 31
Due Date: April 15

A. Description

- Report all claims for accident year 1984 and later where total case incurred losses are greater than or equal to \$500,000 at the time of valuation.
- Report all extraordinary loss event claims regardless of size, including medical-only claims. The WCRIBMA will notify member companies of any new event that has been classified as an extraordinary loss event. Refer to [Appendix I – Extraordinary Loss Event Table](#) for a list of extraordinary loss event catastrophe numbers.

B. General Instructions

1. The data reported in this Call should exclude the following experience:
 - Excess Workers' Compensation
 - National Defense Projects Rating Plan
2. Report claims individually. Claims cannot be grouped.
3. Closed, as well as open and reopened claims are included.
4. Loss amounts should be reported net of second injury fund reimbursements and other recoveries such as subrogation, but gross of deductible reimbursements, consistent with the Policy and Accident Year Calls.
5. Case Outstanding may include or exclude statutorily allowable discounting, as long as the approach is consistent with the Policy and Accident Year Calls.
6. Unlike extraordinary loss event claims, if the case incurred for a large loss claim previously reported on this call drops below \$500,000, do not report the claim.

C. Column Instructions

- Column 1:** Claim Number - A unique number assigned by the insurance company to a claim for the life of that claim. Claim numbers must be reported in a manner consistent with unit statistical reporting.
- Column 2:** NCCI Carrier Code - A unique 5 digit numeric code assigned by the National Council on Compensation Insurance (NCCI) to an insurance company.
- Column 3:** Policy Number – Policy number associated with the claim. Policy Numbers must be reported in a manner consistent with unit statistical reporting.
- Column 4:** Catastrophe Number – Report catastrophe code for all extraordinary loss events assigned a unique catastrophe number (for example, report 48 for all Catastrophe Number 48 claims, regardless of claim size). Catastrophe numbers must be reported in a manner consistent with unit statistical reporting.

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-
- Column 5:** Policy Effective Date – The inception date of the policy associated with the claim. Policy effective date must be reported in a manner consistent with unit statistical reporting.
- Column 6:** Accident Date – The date on which the large loss or catastrophe occurred. Accident date must be reported in a manner consistent with unit statistical reporting.
- Column 7:** Loss Condition Act Code – A code that identifies the basis of liability for the claim.
01 – State Act or Federal Excluding USL&HW
02 – USL&HW
- Loss condition act code must be reported in a manner consistent with unit statistical reporting.
- Column 8:** Accumulated Paid Indemnity
- Column 9:** Accumulated Paid Medical
- Column 10:** Case Reserves Indemnity
- Column 11:** Case Reserves Medical
- Column 12:** Accumulated Defense and Cost Containment Expense – Paid
- Column 13:** Defense and Cost Containment Expense – Case Reserves

PART III

DEFINITIONS

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A. Premiums Reported in Statistical Plan

Part A of the definitions is organized into the following components:

- General Premium Information
- Premiums reported in Aggregate Financial Call
- Aggregate Financial Premium Levels
- Unit Statistical Reporting Premium Levels
- Premium Component Table

1. General Premium Information

The following should **not** be reflected on any of the aggregate financial calls or unit statistical reports data:

- Assumed reinsurance premiums
- Ceded reinsurance premiums
- Excess workers' compensation
- National Defense plans
- Atomic Energy Project Work

Report all premiums whether collected or not (consistent with Statutory Accounting Principles).

2. Premiums Reported in Aggregate Financial Calls

a. Policy Year Premium and Calendar Year Premium

Policy year premium is the premium associated with policies that have policy effective dates during a specific calendar year. Policy year premium can change from valuation to valuation as premium audits are performed or retrospective premium adjustments are made.

Calendar year premium is the aggregate total of the premiums recorded on the company books during a given calendar year, regardless of the policy effective date. Calendar year premium is fixed at the end of the calendar year, and is not subject to change from valuation to valuation.

b. Written and Earned Premium

Written premium is the estimated premium for the entire policy term including any estimates of premium audits and retrospective rating premium adjustments.

Statutory accounting allows for workers' compensation written premiums to be recorded using one of two methods.

- Written premiums may be recorded on an installment basis to match the billing to the policyholder.
- Written premiums may be recorded as of the effective date of the contract.

Written premium reported on the Aggregate Financial calls **must be recorded using the same method** for recognizing written premiums employed in preparing the Annual Statement.

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Written premium does not include advance premiums received by the insurance company for policies yet to take effect.

Earned premium is the proportional share of the written premium applicable to the expired portion of the policy.

Earned premium reported on the aggregate financial calls **must be recorded using the same method** for prorating written premiums as was employed in preparing the Annual Statement.

3. Aggregate Financial Premium Levels

Four distinct levels of premium are submitted in Part II of the Statistical Plan. The difference between levels is associated with the inclusion or exclusion of various credits and company specific rating mechanisms such as deviations and schedule rating. The most frequently utilized components of each premium type are illustrated in the premium component table, and further defined in the listing that follows.

a. Standard Premium at Bureau Designated Statistical Reporting (DSR) Level

Standard Premium at DSR Level is the premium resulting from standard rating procedures as if all policies had been issued using **WCRIBMA** manual rates.

b. Standard Premium at Company Level

Standard Premium at Company Level is the premium calculated by adjusting the Standard Earned Premium at DSR level by application of any company deviation.

c. Net Premium Level

Net Premium is the premium calculated by adjusting the Standard Premium at Company level for all schedule rating credits, premium discounts, deductible premium credits, and retrospective rating premium adjustments.

d. Direct Premium (Direct Premium at Annual Statement Basis) Level

Direct premiums are the aggregate amount of recorded originated premiums, excluding all reinsurance assumed without deducting any reinsurance ceded, whether collected or not, at the close of the year (plus retrospective premium collections), after deducting all return premiums. In financial statements, it is the premium income adjusted for additional or return premiums but excluding any additions for reinsurance assumed and any deductions for reinsurance ceded.

Direct premiums are calculated by adjusting the Net Premium for ARAP, QLMP Credit and Terrorism Insurance Program.

4. Unit Statistical Reporting Premium Levels

a. Premium Amount

The premium amount for a class is either developed by multiplying units of exposure times the manual rate or it's the premium assigned to a statistical class code. Refer to Part I, [Section V – Exposure Record Data Subsection C.6.](#)

b. Subject Premium

Refer to the [Massachusetts Premium Algorithm.](#)

c. Modified Premium

Refer to the [Massachusetts Premium Algorithm.](#)

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- d. Standard Premium
Refer to the [Massachusetts Premium Algorithm](#).

5. Premium Components Table

The components of each premium type are summarized in the following table (an "x" denotes that the component is included in the column):

Premium Components						
Components	Aggregate Financial Premium Levels				Unit Statistical Report Premium	Class Codes
	Standard Premium at Bureau Designated Statistical Rate Level	Standard Premium at Company Level	Net Premium	Direct Premium		
1. Manual Premium Class Categories:						
a. Manual Class Code	x	x	x	x	x	Too many to list
b. Supplemental Disease	x	x	x	x	x	0059, 0065, 0066, 0067
c. Non –Ratable	x	x	x	x	x	0771, 7445, 7453
d. Supplemental Atomic Energy Exposure	x	x	x	x	x	9985
2. Rate Deviations		x	x	x	x	9037, 9034
3. Scheduled Rating Adjustments			x	x	x	9887, 0887
4. Waiver of Subrogation	x	x	x	x	x	0930
5. Employers Liability Increased Limits	x	x	x	x	x	9803-9816, 9848
6. Experience Rating	x	x	x	x	x	NA
7. Merit Rating	x	x	x	x	x	9884-9886
8. MA CCPAP	x	x	x	x	x	9046
9. ARAP Surcharge				x	x	0277
10. Massachusetts Benefits Deductible Premium Credit			x	x	x	9664

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Premium Components						
Components	Aggregate Financial Premium Levels				Unit Statistical Report Premium	Class Codes
	Standard Premium at Bureau Designated Statistical Rate Level	Standard Premium at Company Level	Net Premium	Direct Premium		
11. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit			x	x	x	9664
12. Large Deductible Premium Credit			x	x	x	9663,9664
13. Premium Discount			x	x	x	0063, 0064
14. QLMP Credit				x	x	9880
15. Balance to Admiralty / FELA Minimum Premium	x	x	x	x	x	9849
16. Loss Constant	x	x	x	x	x	0032
17. Expense Constant	x	x	x	x	x	0900
18. Balance to Total Policy Minimum Premium Adjustments	x	x	x	x	x	0990
19. Terrorism Insurance Program Premiums				x	x	9740
20. Short Rate Penalty Premium	x	x	x	x	x	0931
21. Retrospective Rating Adjustments			x	x		NA
22. Special Circumstances:						
a. Independently Filed Carrier Program			x	x	x	9721 – 9724
b. Formerly Self Insureds			x	x	x	9129, 9136
c. No-Massachusetts Exposure			Must be zero			1111
23. Deductible Reimbursements			Do Not Report			
24. Policyholder Dividends			Do Not Report			
25. DIA Assessment			Do Not Report			

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1. Manual Premium – Class Categories:

a. Manual Class Code

For definition and for a list of all classifications refer to [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

b. Supplemental Disease

The premium for supplementary disease rates and any resulting losses are reported as follows:

<u>Code</u>	<u>Description</u>
0059	Occupational Disease-Abrasive/Sand Blast
0065	Occupational Disease-Steel
0066	Occupational Disease-Non-Ferrous Metals
0067	Occupational Disease-Iron

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

c. Non-Ratable

Some classifications have a non-ratable element that is not subject to experience rating and is reported using the statistical class codes from the table below. Non-ratable element class codes must only be reported in conjunction with the corresponding basic classification ratable classes. The payroll for each of the paired classes must be equal.

<u>Non-Ratable Element</u>	<u>Basic Classification</u>	<u>Description</u>
0771	4771	Explosives or Ammunition; NOC and Drivers
7445	7405	Air Carrier-Other Flying Crew
7453	7431	Air Carrier, Commuter Flying Crew

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

d. Supplemental Atomic Energy Exposure

Use code 9985 to report any exposure and premium associated with supplemental atomic energy exposure.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

2. Rate Deviations

Insurance companies may independently file for rate deviations. In Massachusetts, rate deviations are only allowed to adjust premiums downward.

Individual insurance companies must get approval from the Massachusetts Division of Insurance prior to applying rate deviation to the WCRIBMA's approved rates. The WCRIBMA does not file a rate deviation

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plan on behalf of its members. See the Massachusetts Division of Insurance website for rate deviations guidelines.

Use code 9037 to report rate deviations that are applied before the experience rating modification, i.e., calculated prior to the application of the experience modification.

Use code 9034 to report rate deviations that were applied after the experience rating modification, i.e., calculated after the application of the experience modification. Carrier filed programs for rate deviations that are applied after the experience rating modification **expired with rate changes effective 9/1/08.**

3. Schedule Rating Adjustments

Insurance companies may independently file a schedule rating plan that allows the insurance company to modify an insured's premium based on the special characteristics of risk that are not reflected in the experience. In Massachusetts, schedule rating programs are only allowed to adjust premiums downward. Downward schedule rating adjustments are known as schedule rating credits.

Individual insurance companies must get approval from the Massachusetts Division of Insurance prior to offering schedule rating to their insureds. The WCRIBMA does not file a schedule rating plan on behalf of its members. See the Massachusetts Division of Insurance website for scheduling rating guidelines.

Premium adjustment associated with scheduled rating plans that are subject to experience rating, i.e., calculated before the application of the experience modification, are to be reported with code 0887.

Premium credits associated with scheduled rating plans that were not subject to experience rating, i.e., calculated after the application of the experience modification, are to be reported with class code 9887. Carrier filed scheduled rating plans applied after experience rating modification **expired with rate changes effective 9/1/08.**

4. Waiver of Subrogation

When a policy is endorsed to waive the right to subrogate, the carrier cannot pursue subrogation recoveries from a third party. Waiver of subrogation, reported with code 0930, may apply to a policy in total or to a specific job covered by the policy.

5. Employers Liability Increased Limits

If an insured selects limits higher than the standard limits for employer's liability a premium charge subject to a minimum is applied. Any additional premium required to reach the minimum employers liability premium should be coded as 9848.

The premium charge for increased employer's liability limits is reported with the code assigned to the selected limits.

Code	Employer's Liability Increased Limits (\$000 omitted)		
	Per Accident Each accident	Per Disease Each Employee	Per Disease Each Policy
9803	100	100	1,000

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Code	Employer's Liability Increased Limits (\$000 omitted)		
	Per Accident Each accident	Per Disease Each Employee	Per Disease Each Policy
9804	100	100	2,500
9805	100	100	5,000
9806	100	100	10,000
9807	500	500	500
9808	500	500	1,000
9809	500	500	2,500
9810	500	500	5,000
9811	500	500	10,000
9812	1,000	1000	1,000
9813	1,000	1000	2,500
9814	1,000	1000	5,000
9815	1,000	1000	10,000
9816	*See Note		
9848	Increased Limits, additional premium to balance to minimum premium.		

* Note: Statistical class code 9816 will cover all limits not otherwise defined.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

6. Experience Rating

Refer to the [Experience Rating Plan Manual](#).

7. Merit Rating

For merit rated risks, report the code that describes the premium impact of merit rating. For a merit rated risk, Code 9884 indicates that neither a merit rating credit nor a merit rating debit applied.

Code	Description
9884	Unity
9885	Credit
9886	Debit

For more information refer to the [Experience Rating Plan Manual](#).

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8. Massachusetts Construction Classification Premium Adjustment Program (MA CCPAP)

Use code 9046 to report MA CCPAP.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

9. All Risk Adjustment Program (ARAP) Surcharge

Use Code 0277 to report ARAP.

For more information refer to the [Experience Rating Plan Manual](#).

10. Massachusetts Benefits Deductible Premium Credit (Small Deductible)

Premium credits associated with the Massachusetts Benefits Deductible Program are to be reported with class code 9664. The per claim deductible amount is to be reported in the header record in the claim deductible amount. [Losses subject to deductible code](#) is 03 and [basis of deductible calculation code](#) is 01.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

11. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit (Small Deductible)

Premium credits associated with the Massachusetts Benefits Claim and Aggregate Deductible Program are to be reported with class code 9664. The per claim/accident deductible amount and the aggregate deductible are to be reported in the header record in the claim deductible amount. [Losses subject to deductible code](#) is 03 and [basis of deductible calculation code](#) is 01.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

12. Large Deductible Premium Credit

Individual insurance companies must get approval from the Massachusetts Division of Insurance for permission to write large deductible policies. See the Massachusetts Division of Insurance website for requirements applicable to Workers' Compensation deductible policies ([211 CMR 115.00](#)).

Large deductible credits that apply after the application of the experience modification, are reported with the statistical class code 9663.

Large deductible credits that apply before the application of the experience modification, are reported with the statistical class code 9664.

13. Premium Discount

Code	Description
0063	Type A
0064	Type B

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

14. QLMP Credit

Use statistical class code 9880 to report QLMP credit.

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For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

15. Balance to Admiralty / FELA Minimum Premium

Determine the balance to Admiralty / FELA minimum premium in accordance with Massachusetts Premium Algorithm and report using statistical class code 9849.

16. Loss Constant

Use statistical class code 0032 to report loss constant premium.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

17. Expense Constant

Use statistical class code 0900 to report expense constant premium, including the balance to minimum expense constant.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

18. Balance to Total Policy Minimum Premium Adjustments

Determine the balance to total policy minimum premium in accordance with Massachusetts Premium Algorithm and report using statistical class code 0990.

The following must be reported separately, because they are calculated prior to calculation of balance to total policy minimum, and therefore not included in premium amount reported with statistical class code 0990:

- expense constant
- loss constant
- employer's liability premium
- admiralty and/or FELA policy premium

For more information refer to the [Massachusetts Premium Algorithm](#).

19. Terrorism Insurance Program (Certified Acts of Terrorism) Premiums

Report the Terrorism Insurance Program (Certified Acts of Terrorism) premiums with statistical class code 9740.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

20. Short Rate Penalty Premium

Report any short rate penalty premium with statistical class code 0931.

For more information refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

21. Retrospective Rating Adjustments

The retrospective rating plan is an optional rating plan approved by the Massachusetts Division of Insurance for larger insureds.

For more information refer to the [Retrospective Rating Plan Manual](#).

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22. Special Circumstances:

a. Independently filed Carrier Program Premium Adjustments

Four statistical class codes have been established for independent carrier filings of credit/debit programs.

Code	Description
9721	Carrier filed premium credit subject to experience rating
9722	Carrier filed premium credit not subject to experience rating
9723	Carrier filed premium debit subject to experience rating
9724	Carrier filed premium debit not subject to experience rating

Before reporting any of the independent carrier filing codes, notification of the program must be provided to the WCRIBMA's Data Operations Department.

The statistical classes listed above for independently filed carrier programs are **never** to be used to report premium credits due to independently filed large deductible programs or scheduled rating programs. See definitions of large deductible programs and scheduled rating programs.

b. Formerly Self-Insureds

The formerly self-insured insurance charge is to be reported with statistical class code 9136.

The formerly self-insured rating plan deposit is reported with statistical class code 9129. If any of the deposit is returned to the insured, then a correction to the first unit statistical report must be submitted adjusting the rating plan deposit to the amount retained by the carrier. This adjustment can be made no sooner than thirty (30) months after the coverage expiration date. All claims must be closed and all incurred losses finalized prior to the submission of the adjustment.

For more information refer to the [Circular Letter Number 1524](#), dated February 7, 1990.

c. No-Massachusetts Exposure

When a policy is issued either on an "if any" basis, or as a multi-state policy, and upon audit it is determined that Massachusetts exposure did not develop on such policy, the first unit statistical report should be submitted with a single exposure record employing statistical class code 1111.

23. Deductible Reimbursements

Do not report deductible reimbursements as premiums.

In Massachusetts workers' compensation insurance, the insurance company is required to pay for all claims including those below any applicable deductible, large or small. If a deductible applies to a given policy, the insurance company will seek reimbursement from the insured for amounts below the deductible.

24. Policyholder Dividends

Do not report policyholder dividends as premiums.

Any amounts paid or credited to policyholders that are not fixed in the insurance contract but are dependent on either the experience of the insurance company or employer or the discretion of the insurance company management.

25. DIA Assessment

Do not report DIA assessment as premiums.

For more information, visit the DIA website at: www.mass.gov/dia

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B. Losses and Loss Adjustment Expenses (LAE) Reported in Statistical Plan

Part B of the definitions is organized into the following components:

- General Loss Information
- Summarizing Losses When Reporting on the Aggregate Financial Calls
- Indemnity Losses
- Medical Losses
- Paid Losses
- Case Reserves
- Reserve Discounting
- Incurred But Not Reported (IBNR) Reserves
- Case Incurred

1. General Loss Information

- No assumed reinsurance losses or ceded reinsurance losses should be reflected on any of the aggregate financial calls and unit statistical reporting data.
- Direct losses are first-dollar losses less deductible reimbursements. Deductible reimbursements are the amounts actually reimbursed by the insured plus any amounts expected to be reimbursed by the insured. With the exception of the incurred loss value from Statutory Page 14 used to complete the Reconciliation Report (Call #4), all loss amounts are to be reported before any offsets for deductibles. Likewise, all loss adjustment expense amounts are to be reported before any offsets for deductibles.
- Do not classify a claim as Massachusetts if the jurisdiction state is Massachusetts but the associated exposures used to calculate the policy's premium are for a state other than Massachusetts. Conversely, if the jurisdiction state is not Massachusetts but the associated exposures used to calculate the policy's premium are for Massachusetts, classify such a claim as Massachusetts.
- Lump Sum Settlements
Where a claim involves a lump sum settlement which represents a commuted value of a specific award or benefit, report the actual loss payment subdivided into its indemnity and medical components. In instances where this cannot be readily determined, report amounts which the carrier believes to be the most likely breakdown.
- Subrogation
Subrogation recovery is a recovery of losses by the carrier from an entity, other than the employer, with legal liability due to circumstances of the injury. For data reporting purposes, a subrogation recovery is deemed to be successful if the recovery amount exceeds the costs associated with pursuing the subrogation recovery (recovery expenses).

If subrogation is successful, calculate loss amounts net of subrogation (net loss) as follows:

$$\text{Net Loss} = \text{Gross Loss} - (\text{Subrogation} - \text{Recovery Expense})$$

Such net loss must be allocated to medical and indemnity. If there is insufficient information regarding the subrogation recovery to make specific allocations, the net loss must be divided between indemnity and medical losses in the same proportion as the gross indemnity and medical loss amounts.

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If subrogation is unsuccessful, meaning subrogation recovery does **not** exceed the expense associated with pursuing recovery, report gross loss.

- Reimbursement from a Special Fund such as a Second Injury Fund

In all cases where reimbursement is made to the carrier from a special fund (such as a Second Injury Fund), report loss net of the special fund reimbursement (net loss) as follows:

$$\text{Net Loss} = \text{Gross Loss} - \text{Special Fund Reimbursement}$$

Such net loss must be allocated to medical and indemnity. If there is insufficient information regarding the special fund reimbursement to make specific allocations, the net loss must be divided between indemnity and medical losses in the same proportion as the gross indemnity and medical amounts.

2. Summarizing Losses When Reporting the Aggregate Financial Calls

- **Accident Year , Policy Year and Calendar Year Losses and Loss Adjustment Expenses**

Accident year losses and loss adjustment expenses are the **inception to date** total dollar amounts associated with all claims having an accident date in a given year, regardless of when the loss and/or claim is reported or the policy is effective.

Note that accident year losses and loss adjustment expense are subject to change over time as losses develop and/or additional claims are reported.

Policy year losses and loss adjustment expenses are the **inception to date** dollar amounts that arise for a group of policies having policy effective dates in a given year, regardless of when the loss and/or claim is reported.

Note that policy year losses and loss adjustment expense are subject to change over time as losses develop and/or additional claims are reported.

In order to maintain consistency with the ASWG Unit Report Workers' Compensation Statistical Plan reporting requirements, policies with terms greater than one year and 16 days and effective dates on or after January 1, 2009 must be segmented in the same manner as was done for purposes of unit statistical reporting. The beginning date for each segment shall be used for determining the policy year.

Calendar year loss and loss adjustment expenses are the **year to date** total dollar amounts associated with all claims regardless of the accident date, the policy effective date, or date the loss is reported.

Note that calendar year losses and loss adjustment expenses are not subject to change beyond December 31 because they are year to date summaries.

3. Indemnity Losses

Definition of indemnity losses apply to both aggregate financial and unit statistical reporting unless stated otherwise.

Indemnity losses are losses associated with:

- a. wage compensation
- b. burial expenses
- c. sums designated for specific injuries or disfigurements
- d. claimants' attorney fees

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- e. vocational rehabilitation
- f. employer's liability losses and employer's liability expenses
- g. survivor benefits

➤ **Expenses Included in Indemnity Losses**

• **Employer's Liability Losses**

Employer's Liability Losses including Allocated Loss Adjustment Expenses (ALAE) must be reported as part of the indemnity loss as appropriate. Employer's Liability ALAE represents the expenses of a carrier in connection with claim settlements, which can be directly allocated to a particular claim.

Employer's Liability ALAE should not be reported in the ALAE amount.

• **Impartial Medical Examinations by Industrial Board**

Filing fees paid by the carrier to fund impartial medical examinations pursuant to Section 11A of Chapter 152 of the [Massachusetts General Laws](#) are to be considered:

- An expense when the carrier prevails or
- A loss when the claimant prevails and the carrier reimburses the claimant's filing fees.

• **Awards**

When an award to a claimant includes the cost of witness fees, attorneys' fees, and other court costs or expert medical witness fees, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. Such costs include those incurred under Section 11A, 11B, 12A and 39 of Chapter 152, [Massachusetts General Laws](#).

With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an indemnity loss whether or not recovery is made against the third party by the employee.

• **Vocational Rehabilitation**

Vocational rehabilitation is concerned with the prospect of returning an injured worker to gainful employment. Vocational rehabilitation concerns all activities performed when acquiring reemployment of a disabled person, such as evaluation, testing, training, job placement, schooling, job modification, and part-time employment.

Outside Vendor:

Vocational rehabilitation costs, including evaluation and testing, incurred due to the purchase of vocational rehabilitation services from outside vendors, must be reported as part of indemnity losses. "Evaluation and testing expenses" are defined as costs incurred in testing and evaluating the claimant's ability, aptitude, or attitude in determining suitability for vocational rehabilitation or placement.

Carrier Personnel:

Vocational rehabilitation expenses for evaluation and testing resulting from the activities of carrier personnel (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) may be reported as indemnity incurred loss if carrier personnel engaged in these activities meet, at a minimum, qualifications established by the state having jurisdiction over the particular claim.

The cost of schooling is a vocational rehabilitation cost and is reported as part of the indemnity loss as appropriate. For example, a laborer who is found to have a permanent total disability preventing

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him or her from being able to return to previous employment is sent to school to learn accounting in order to attain a job in the accounting profession.

- **Legal Expenses Incurred for the Benefit of the Claimant**

Legal court expenses incurred for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.

- **Penalties for Delays in Making Compensation Payments**

Penalties for which the carrier is liable for reasons **beyond its control** and that accrue as benefits to the injured worker or his or her dependents, such as for interest on awards or for penalties imposed upon the employer for improper controversies of awards, shall be chargeable to indemnity losses and so reported.

Penalties for which the carrier is liable for reasons **within its control** specifically penalties for which the carrier is liable pursuant to Sections 7(2), 8(1), 10(5), 13A (1), and 14(1) of Chapter 152 of the [Massachusetts General Laws](#) shall **not** be reported as a loss or charged to expense.

➤ **Expenses Excluded from Indemnity Losses**

- **Unit Statistical Reporting**

- **Allocated Loss Adjustment Expense (ALAE)**

See definition of [allocated loss adjustment expense](#) in Section D.

Note: This exclusion does not apply to employer's liability claims.

- **Unallocated Loss Adjustment Expense (ULAE)**

Unallocated Loss Adjustment Expense (ULAE) is also excluded from losses.

See definition of [unallocated loss adjustment expense](#) in Section D.

- **Aggregate Financial**

- **Defense and Cost Containment (DCC)**

See definition of [defense and cost containment](#) in Section D.

- **Adjusting and Other (AO)**

See definition of [adjusting and other](#) in Section D.

4. Medical Losses

Medical losses encompass the following health care services:

- a. Physicians care for home, office or hospital visits.
- b. Other health care providers for home, office or hospital visits.
- c. Diagnostic tests and procedures.
- d. Hospital or skilled nursing facility charges for service and supplies including room and board.
- e. Medical, occupational, surgical or other health related supplies and devices, services, training, therapy, or procedures.
- f. Prescribed Drugs and Medicine.

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- g. Mental Health Care.
- h. Medically necessary Transportation Services.
- i. Prosthetic Services and Devices.
- j. Medical examinations to diagnose the injury and determine the proper treatment including specialist's opinion and second opinions.
- k. Medical Testimony: Where the claimant calls in the attending physician to give medical testimony in his behalf, or where the carrier is required to produce the claimant's physician at the hearing and the employer or the insurance carrier is required to pay such physician's fee, the payment of the fee shall be reported as a medical loss. Such costs include those incurred under Section 9A of Chapter 152 of [Massachusetts General Laws](#).
- l. Physical Rehabilitation
 - i. Outside Vendors
Physical rehabilitation costs incurred due to the purchase of physical rehabilitation services from outside vendors must be reported as part of the medical loss.
 - ii. Carrier personnel
Expenses incurred by the carrier for the physical rehabilitation activities listed below may be included in losses if performed by carrier personnel (other than claims supervisor and claims adjusters engaged in efforts to return an injured worker to gainful employment) that are trained in health care services:
 - Various necessary evaluations and therapies including physical, occupational, speech, and hearing.
 - Coordination of services such as necessary medical equipment or special nursing care in a facility or the home.
 - Necessary consultation(s) with physician(s).
 - Monitoring the treatment and progress of claimant's medical condition.
 - Coordination of family, agency, and community services to provide optimal recovery.

For such expenses associated with the above, the carrier personnel performing the activities must be trained as one of the following:

 - Physician
 - Licensed registered nurse
 - Licensed speech therapist
 - Registered physical therapist
 - Dentists and dental technician
 - Occupational therapist
 - Chiropractor
 - Podiatrist
 - Licensed physician assistant
 - Licensed cardio-pulmonary technician
- m. Plant Hospital Contributions: If the carrier furnished first aid equipment or contributes to the cost of plant hospitals maintained by the insured or pays the salaries, in whole or in part, of medical personnel or in any other way contributes to the cost of medical facilities maintained by the insured, report these amounts as medical.

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If the carrier loans hospital equipment to the insured, 20% of the replacement costs new shall be treated as actual losses paid for each year during which such equipment is on loan and also shall be reported as medical.

- n. Clinical Medical: When a carrier maintains a medical clinic, the cost of each treatment given shall be charged against the individual risk in accordance with a fixed schedule or charges per treatment. The schedule of charges may distinguish between types of treatment, and shall apply without exception to all risks with cases treated by the clinic, and shall be frequently revised and adjusted if necessary so that the total charges for a given period will be equivalent to the total cost of maintaining the clinic, including salaries, rent, light, heat, depreciation of equipment, cost of supplies, etc.
- o. Expenses Included in Medical Losses
Refer to [expenses included in indemnity losses](#).
- p. Expenses Excluded from Medical Losses
Refer to [expenses excluded from indemnity losses](#).

5. Paid Amounts

Paid amounts are the amounts paid as of the valuation date. Paid amounts should be net of subrogation recovery received and special fund reimbursements received.

6. Case Reserves

Case Reserves are amounts set aside for expected payments on a specific claim as of the valuation date. Indemnity case reserves associated with fatal and permanent total injuries should be based on the annuity values contained in [Appendix III – Pension Tables](#).

7. Reserve Discounting

Losses should be reported at nominal (undiscounted) values with the exception of death and permanent total claims. Refer to Part I, [Section VIII – Pension Tables](#).

8. Incurred But Not Reported (IBNR) Reserves

Incurred But Not Reported (IBNR) Reserves are expected payments relating to insured events that have occurred but have not been reported to the carrier as of the valuation date **plus** reserves to reflect deficiencies in known case reserves.

9. Case Incurred

Case incurred is the sum of paid losses and case reserves.

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C. Claim Categories

General Information

a. Claims can be categorized as one of the following:

- **Indemnity claim** (i.e. lost time claim) ([injury type codes](#) "01", "02", "05" and "09") is one that has either paid or expected indemnity losses. An indemnity claim usually has associated medical losses.
- **Medical only claim** ([injury type code](#) "06") is one that, by definition, has no indemnity losses. The injured worker was not eligible for wage replacement, either because the worker returned directly to work after the injury or was not out of work for more than the state-specified 'waiting period'. Included in this category are ALAE only claims.

b. The status of a claim can be either "Open" or "Closed".

- **Open (Outstanding) Claim** ([status code](#) "0")
A claim for which outstanding case reserves exist as of the valuation date, regardless of whether or not any payments have been made on the claim.
- **Closed Claim** ([status code](#) "1")
 - With Payment
A claim closed with payment is one in which losses are paid in full with no existing case reserves as of the valuation date.
 - Without Payment
A claim closed with no loss payment and with no existing outstanding case reserve as of the valuation date. This includes ALAE only claims even those with outstanding ALAE reserves.

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D. Expenses

Part D of the definitions is organized into the following components:

- Expenses Reported in Aggregate Financial Calls
- Expenses Reported in Unit Statistical Reporting Data

1. Expenses Reported in Aggregate Financial Calls

a. Other Acquisition, Field Supervision and Collection Expenses Incurred

Acquisition, field supervision and collection expenses **other than commission and brokerage** as defined in the Annual Statement instructions.

b. General Expenses

Includes all general expenses, **including** expenses incurred for auditing, inspecting, and administrative expenses incurred in conducting an insurance operation. **General expenses include the Boards and Bureau Expenses which are also reported separately.**

c. Boards and Bureau Expenses

Boards and Bureau expenses include dues, assessments, fees, and charges of:

- Underwriting boards, rating organizations, statistical agencies, and audits bureaus
- Underwriters' advisory and service organizations
- Accident and loss prevention organizations
- Claims organizations
- Specific payments to boards, bureaus, and associations for rate manuals, revisions, fillers, rating plans, and experience data.

d. Incidental Income

Any revenues received from finance charges, installment fees, check bouncing fees, reinstatement fees or similar charges, related to Massachusetts workers' compensation policies, imposed on a policyholder by their insurance company.

e. Unreported Expenses

Expenses associated with the collection of incidental income for workers' compensation policies. Do not report any amount otherwise reported in any of the other expense category.

f. Uncollectible Premium Receivables

Any premium receivable that has been written off because the determination was made that it was uncollectible.

Note that this does not impact earned premiums or written premiums because uncollectible premium receivables are written off against other income.

g. Loss Adjustment Expenses

For aggregate financial reporting, loss adjustment expenses can be classified into two broad categories: Defense and Cost Containment (DCC) and Adjusting and Other (AO). **Loss adjustment expenses should be reported in accordance with the current NAIC definitions.**

i. Defense and Cost Containment (DCC)

DCC includes defense, litigation, and medical cost containment expenses, whether internal or external. DCC includes, but is not limited to, the following items:

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- Surveillance expenses;
- Fixed amounts for medical cost containment expenses;
- Litigation management expenses;
- Loss adjustment expenses for participation in voluntary and involuntary market pools if reported by accident year;
- Fees or salaries for appraisers, private investigators, hearing representatives, reinspectors and fraud investigators, **if working in defense of a claim**, and fees or salaries for rehabilitation nurses, if such cost is not included in losses;
- Attorney fees incurred owing to a duty to defend, even when other coverage does not exist; and
- The cost of engaging experts;

ii. Adjusting and Other (AO)

AO are claim settling expenses other than those included in DCC. AO includes, but is not limited to, the following items:

- Fees and expenses of adjusters and settling agents;
- Loss adjustment expenses for participation in voluntary and involuntary market pools if reported by calendar year;
- Attorney fees incurred in the determination of coverage, including litigation between the reporting entity and the policyholder; and
- Fees and salaries for appraisers, private investigators, hearing representatives, reinspectors and fraud investigators, **if working in the capacity of an adjuster**.

2. Expenses Reported in Unit Statistical Reporting Data

a. Allocated Loss Adjustment Expense (ALAE)

Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation. ALAE encompasses the following costs:

- i. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives.
- ii. Court, Alternate Dispute Resolution, and other specific items of expense such as:
 - Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency, or length of disability
 - Expert medical or other testimony
 - Autopsy
 - Witnesses and summonses
 - Copies of documents such as birth and death certificates, and medical treatment records
 - Arbitration fees
 - Surveillance
 - Appeal bond costs and appeal filing fees
- iii. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
 - Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical

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- equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills
 - Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews
 - Preferred provider network/organization expenses
 - Medical fee review panel expenses

iv. ALAE does not include expenses incurred to recover subrogation.

3. Expenses Not Reported

a. Unallocated Loss Adjustment Expense (ULAE)

ULAE includes, but is not limited to:

- i. Carrier employees' salaries, overhead, and traveling expenses that are considered loss adjustment expenses and are not incurred while doing activities listed as allocated expenses.
- ii. Fees paid to independent claims professionals or attorneys hired to perform the function of claim investigation normally performed by claim adjusters.
- iii. Fees paid for developing and investigating a claim so that a determination can be made of the cause or extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

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E. Experience Types

1. Voluntary

a. Guaranteed Cost and Retrospectively Rated

- **Guaranteed Cost**
A standard workers' compensation insurance policy that is not subject to premium adjustment due to losses that occur during the policy term. In a guaranteed cost policy, the only variable affecting premium that is expected to change between policy inception and audit is exposure. This is in contrast to retrospective rating, where premium adjustments are made based on losses incurred during the policy term.
- **Retrospective Rating**
A workers' compensation insurance policy that periodically makes adjustments to the premium, after policy expiration, based on the actual losses generated during the policy term. The premium adjustments are constrained by a maximum premium and a minimum premium. See the [Retrospective Rating Plan Manual](#).

b. Large Deductible

Massachusetts large deductible rating plans are optional and allow insurance companies to offer large insureds per claim deductibles of \$75,000 or more (subject to an aggregate limitation of loss amounts below the deductible). Insureds reimburse the insurer for losses below a specified threshold, the deductible, and in return, receive a premium credit.

c. National Defense Project Plan

A rating plan that applies to risks working on national defense projects when the operations are performed under a contract that provides that the contractor (insured) is reimbursed for the cost of this insurance by the US government.

d. Excess Workers' Compensation

Previous Annual Statement reporting instructions allowed Excess Workers' Compensation, excess coverage purchased by a self-insured on a per-occurrence or per-claim basis above a self-insured retention, to be reported on the workers' compensation line (Line 16.0) of the Exhibit of Premium and Losses (Statutory Page 14). This is no longer the case. Effective calendar year 2009, Excess Workers' Compensation should be reported on the excess workers' compensation line (Line 17.3) of Statutory Page 14.

2. Residual Market

The Massachusetts Workers' Compensation Assigned Risk Pool was created by statute to provide a means for Massachusetts employers, who are unable to obtain workers' compensation coverage from a licensed insurer in the voluntary market, to satisfy their obligations under M.G.L. Chapter 152. The Massachusetts Workers' Compensation Assigned Risk Pool must provide coverage to any employer who is entitled to workers' compensation insurance.

a. Normal Assigned Risk

A servicing carrier is a designated member company of the Massachusetts Workers' Compensation Assigned Risk Pool that issues policies and provides services to assigned employers in return for a servicing carrier fee paid by the Massachusetts Workers' Compensation Assigned Risk Pool.

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The loss and premium results generated by the servicing carrier are pooled and shared with all members of the Massachusetts Workers' Compensation Assigned Risk Pool via an assessment of Pool participants.

b. Voluntary Direct Assigned Program

The Pool Plan of Operation of the Massachusetts Workers' Compensation Assigned Risk Pool, provides that any insurer, if authorized by DOI, may satisfy its assessment obligations as a member of the Massachusetts Workers' Compensation Assigned Risk Pool by accepting voluntary direct assignments of risks. The voluntary direct assignment carrier issues the policies and provides service to assigned employers.

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F. Class Categories

1. Federal "F" Classification

The U.S. Longshore and Harbor Workers Compensation Act (USL&HW Act) is a federal law which provides for payment of compensation and other benefits to employees such as longshoremen, harbor workers, ship repairmen, shipbuilders, shipbreakers and other employees while working on loading, unloading, repairing or building a vessel. "F" Classifications include premium for operations subject to the USL&HW Act.

Refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

2. Maritime

The Merchant Marine Act of 1920, also known as the **Jones Act**, grants crew members a cause of action against their employer for negligence that results in injury or death.

Refer to the [Massachusetts Workers Compensation and Employers Liability Insurance Manual](#).

PART IV

**EXAMINATIONS
AND
RECONCILIATIONS**

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PART IV – EXAMINATIONS AND RECONCILIATIONS

A. Unit Statistical Reports and Aggregate Financial Data Reconciliations

The WCRIBMA will routinely work with its member carriers to attempt to reconcile the unit statistical data to the aggregate financial data that is submitted to the WCRIBMA for each policy year at the latest evaluation. The WCRIBMA will also attempt to reconcile the aggregate financial data to the annual statements each carrier group submits to the DOI. During this process, the carrier group may be subject to fines under the provisions of the Statistical Plan's Data Quality Compliance Programs.

The data submitted by each carrier group to the WCRIBMA will be tested for compliance with the tolerances set forth in Part IV – Examinations and Reconciliations. In accordance with the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#), each carrier group will have an opportunity to work with the WCRIBMA to provide corrections or explanations for any data falling outside the established tolerances. At the end of this prescribed time period, the WCRIBMA will report to the DOI all carrier group data falling outside allowable tolerances (tolerance variances).

If a carrier group provides what the WCRIBMA deems to be an acceptable explanation for its tolerance variances, the WCRIBMA will report the tolerance variances to the DOI with an explanation as to why it believes the carrier group's data reporting activities do not need to be examined on-site by an independent auditing firm. Any carrier group's uncorrected or unexplained tolerance variances that are reported to the DOI, and any carrier group whose explanations are deemed insufficient by the DOI will, at the carrier group's expense, have an independent auditing firm perform an Targeted Agreed-Upon Procedures Engagement. The Targeted Agreed Upon Procedures (Targeted AUP) with regard to the data reporting activities relating to the specific data in question for any carrier group with such variances will be determined by the WCRIBMA in consultation with the DOI.⁵

In accordance with the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#), the independent auditing firm will conduct the Targeted AUP and submit to the DOI and the WCRIBMA a findings report which describes the procedures performed by the firm and its findings. For each carrier group, any applicable work papers, including any applicable tables showing the reported and reconciled data together with a CD containing the data examined will be submitted by the auditing firm to the WCRIBMA and the DOI. The independent auditing firm's findings report will also be provided to the carrier group by WCRIBMA within 10 days after receiving it from the independent auditing firm. Upon receipt of the findings report, the carrier group will be given not more than thirty (30) days to make a written submission to the DOI and the WCRIBMA responding to the findings report prior to any final determination by the WCRIBMA or the DOI regarding the appropriateness of the carrier group's data submissions.

1. Unit Statistical Reports and Aggregate Financial Reconciliation

a. Rationale

Both unit statistical reports (USR) and aggregate financial data (AF) as detailed in Part I and Part II of the Statistical Plan respectively, call for the reporting of premium and loss information. Despite timing and definitional differences between the submission and valuation

⁵ An Agreed-Upon Procedures Engagement is one in which a practitioner is engaged to issue a report of findings based on specific procedures performed on the designated subject matter. The application of agreed-upon procedures engagements is discussed in AICPA Statements on Standards for Agreed-Upon Procedures Engagements ("AT 201").

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of USR and aggregate financial data, meaningful comparisons can be made between these two sources of data as a test for consistency.

b. Comparisons

Policy year premium and policy year loss data submitted on USRs will be compared to comparable policy year aggregate financial data by carrier group. Aggregate financial data will be the sum of the Policy Year Call, Policy Year Large Deductible Call, Policy Year F-Class Call and Policy Year Maritime Call. Five policy years will be compared as follows:

Policy Year	Unit Statistical Report Level	USR Age (in months)	Aggregate Financial Valuation Date	Aggregate Financial Age (in months)
XXXX – 4	Fifth	66	12/31/XXXX+1	72
XXXX – 3	Fourth	54	12/31/XXXX+1	60
XXXX – 2	Third	42	12/31/XXXX+1	48
XXXX – 1	Second	30	12/31/XXXX+1	36
XXXX	First	18	12/31/XXXX+1	24

c. Data Tested

The specific data elements to be reviewed are:

- Policy Year Accumulated Earned Premium - Standard at Bureau DSR Level
- Indemnity Paid
- Medical Paid
- Indemnity Paid + Case
- Medical Paid + Case

Note that USR standard premium is defined differently from Aggregate Financial standard premium. Consequently, adjustments will be made to the USR standard premium to facilitate the reconciliation to the aggregate financial data. Specifically, the USR standard premium used in the comparison will include the expense constant reported under statistical class code 0900 and it will exclude schedule rating credits, deviations, and deductible credits reported under statistical class codes 0887, 9037, and 9664.

d. Tolerances

The reconciliation will calculate 'differences' and 'percentage differences' which will be compared against the applicable tolerances.

The difference and percentage difference for a given data element will be calculated as:

Difference = USR Value – Aggregate Financial Value

Percentage Difference = [(USR Value – Aggregate Financial Value) / USR Value] x 100

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To be considered within tolerance, the reviewed data elements must meet either Condition A or Condition B.

Condition A – Difference must be within +/- the acceptable amount specified below.
Condition B – Difference must be within +/- the acceptable amount specified below **AND** the percentage difference must be within +/- the acceptable amount specified below.

Data Element	AF Age in Months	USR Age in Months	Condition A	Condition B	
			Difference	Percentage Difference	Difference
Standard Premium	72	66	50,000	10%	1,000,000
	60	54	50,000	10%	1,000,000
	48	42	50,000	10%	1,000,000
	36	30	50,000	10%	1,000,000
	24	18	100,000	20%	2,000,000
Losses	72	66	100,000	10%	1,000,000
	60	54	100,000	10%	1,000,000
	48	42	100,000	10%	1,000,000
	36	30	200,000	15%	1,500,000
	24	18	300,000	20%	2,000,000

e. USR and Aggregate Financial Reconciliation Report Format

USR and Aggregate Financial Reconciliation								
NAIC Carrier Group Code: 99999								
NAIC Carrier Group Name: ABC Insurance Group								
Data Element: Standard Premium (in \$000)								
Policy Year (1)	Age in Months (2)	Aggregate Financial		USR		Percentage Difference [(5)-(3)]/(5) (6)	Difference (5)-(3) (7)	Within Tolerance (8)
		Amount (3)	Age In Months (4)	Amount (5)				
XXXX - 4	72	18,262	66	20,557	11.2%	2,295	N	
XXXX - 3	60	22,415	54	22,804	1.7%	389	Y	
XXXX - 2	48	20,572	42	21,501	4.3%	929	Y	
XXXX - 1	36	21,927	30	22,556	2.8%	629	Y	
XXXX	24	20,034	18	22,224	9.9%	2,190	N	

The WCRIBMA will report to the Massachusetts Division of Insurance all carrier groups with data falling outside allowable tolerances.

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2. USR Manual Rate and Premium Reconciliation

a. Rationale

Manual rates reported in accordance with the instructions herein should **not** reflect any deviations or discounts from the WCRIBMA's filed and approved rates. The manual rates reported on unit statistical data should equal the WCRIBMA's filed and approved rates.

b. Comparisons

The latest five composite policy years will be reconciled by carrier group.

For this report, a composite policy year is the aggregation of all policies with effective dates between July 1 of one year and June 30 of the next year. For example, composite policy year 2003 includes all policies with effective dates from July 1, 2003 to June 30, 2004.

c. Data Tested

Rates for manual class codes submitted on unit statistical reports are compared to the WCRIBMA's filed and approved rates based on the USR reported rate effective, modification effective and policy effective dates.

Premiums for manual classes submitted on unit statistical reports are compared to a "calculated manual premium" which is based on the exposure reported on the USR and the WCRIBMA's filed and approved rate based on the USR reported rate effective.

Composite policy years where a carrier group has less than \$100,000 in calculated manual premium will not be tested.

d. Tolerances

For this report, records where the reported manual rate is not the same as the WCRIBMA's filed and approved rate are referred to as unmatched records. Similarly, records where the reported manual rate is the same as the WCRIBMA's filed and approved rate are referred to as matched records.

Manual Rates - If 5% or more of USR non statistical records for a given composite policy year are unmatched, the carrier group is outside of tolerance.

Manual Premiums – If the percentage difference between the reported manual premiums and the calculated manual premiums is not within +/- 5%, the carrier group is outside of tolerance.

The percentage difference for manual premiums will be calculated as:

Percentage Difference = [(Reported Value - Calculated Value) / Calculated Value] x 100

e. USR Manual Rate and Premium Reconciliation Report Format

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USR Manual Rates and Manual Premium Reconciliation								
Summary by Carrier Group								
NAIC Carrier Group Code: 99999								
NAIC Carrier Group Name: ABC Insurance Group								
Composite Policy Year	Total Number of USR Exposure Records	Manual Rates			Manual Premiums			
		Number of Exposure Records Matching	Number of Exposure Records Not Matching (2) - (3)	Percent of Exposure Records Within tolerance (4) / (2)	Manual Premium Reported	Calculated Manual Premium (Using Approved Rates)	Manual Premium Percent Difference [(7)-(6)]/(7)	Within Tolerance Or Indicator
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
XXXX - 4	25,000	24,500	500	2.00%	3,000,000	3,129,000	4.1%	Y
XXXX - 3	22,000	21,800	200	0.91%	2,800,000	2,702,000	-3.6%	Y
XXXX - 2	26,000	25,500	500	1.92%	3,200,000	3,643,380	12.2%	N
XXXX - 1	23,000	18,500	4,500	19.57%	3,200,000	3,139,520	-1.9%	N
XXXX	18,000	17,900	100	0.56%	2,400,000	2,400,000	0.0%	Y

The WCRIBMA will report to the Division of Insurance all carrier groups with data falling outside allowable tolerances.

3. Aggregate Financial Standard at Designated Statistical Rate Level Premium and Aggregate Financial Net Premium Reconciliation

a. Rationale

Comparisons made between Standard Earned Premium at DSR to the Net Premium, both submitted on the Aggregate Financial Data calls, help to monitor consistency in reporting.

b. Comparisons

Call # 4 – Reconciliation Report, page 3 will be the basis for the report.

c. Data Tested

The specific data elements to be reviewed are:

- Policy Year Accumulated Earned Premium - Standard at Bureau DSR Level
- Policy Year Accumulated Earned Premium - Net Premium

d. Tolerances

Only carrier groups with an imbalance falling within the range of +/- \$100,000 are considered to be within tolerance. Note that the calculated imbalance is equal to line 24 from page 3 of the Call # 4 -Reconciliation Report.

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In addition to carrier groups falling outside of the tolerances, any carrier group utilizing a "write-in" adjustment as part of the reconciliation will be included on the report made to the DOI.

- e. Aggregate Financial Standard at Designated Statistical Rate Level Premium and Aggregate Financial Net Premium Reconciliation Report Format

Aggregate Financial Standard Earned at Designated Statistical Rate Level Premium and Aggregate Net Premium Reconciliation					
Calendar Year 2010 Amount in Thousands					
NAIC Group Number	Aggregate Financial Std EP @ DSR	Aggregate Financial Net Earned Premium	Listed	Write In	Imbalance (2)+(4)+(5)-(3)
(1)	(2)	(3)	(4)	(5)	(6)
88888	225,000	205,000	20,000	189,000	172,000

4. Aggregate Financial and Annual Statement Reconciliation

a. Rationale

Comparisons made between Aggregate Financial Data and data submitted on Annual Statements help to monitor consistency in reporting. Calendar year premium and loss information can be calculated using the policy year data submitted on the Aggregate Financial Data calls which can then be compared to Statutory Page 14 of the Annual Statement.

b. Comparisons

Call # 4 – Reconciliation Report, page 3 will be the basis for the report.

c. Data Tested

The specific data elements to be reviewed are:

- Direct Earned Premium
- Incurred Losses

d. Tolerances

Only carrier groups with an imbalance falling within the range of +/- \$100,000 are considered to be within tolerance. Note that the calculated imbalance for direct earned premium is equal to line 22 from page 1 of the Reconciliation Report call and that the calculated imbalance for incurred losses is equal to line 19 from page 2 of the Call # 4 - Reconciliation Report.

In addition to carrier groups falling outside of the tolerances, any carrier group utilizing a "write-in" adjustment as part of the reconciliation will be included on the report made to the DOI.

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e. Aggregate Financial and Annual Statement Reconciliation Report Format

Aggregate Financial and Annual Statement Reconciliation					
Calendar Year 2010					
Amounts in Thousands					
Data Element: Direct Earned Premium					
NAIC Group Number (1)	Aggregate Financial Earned Premium (2)	Annual Statement Earned Premium (3)	Listed (4)	Write In (5)	Imbalance (2)+(4)+(5)-(3) (6)
88888	144,000	142,200	1,800	1,500	(200)

B. Routine Reviews by the WCRIBMA (Targeted AUP)

1. The WCRIBMA will review the data submitted by each of the carrier groups. If the WCRIBMA identifies any anomalies or questionable patterns in the data submitted, WCRIBMA staff will work with the carrier group to obtain corrections or valid explanations of the anomalous or questionable data. During this process, the carrier group may be subject to fines under the provisions of the Statistical Plan's Data Quality Compliance Programs. A carrier group's questionable data must be resolved to the WCRIBMA's satisfaction within the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#). Any questionable patterns that might reasonably be expected to affect the suitability of the data for use in ratemaking will be reported to the DOI in accordance with the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#).

Whenever issues relating to a carrier group's questionable data, that are deemed to be of material significance to the DOI or the WCRIBMA, are not resolved to the WCRIBMA's or DOI's satisfaction, the WCRIBMA shall engage an independent auditing firm, at the carrier group's expense, to perform an on-site Targeted AUP, responsive to the unresolved issues. Such Targeted AUP shall be determined by the WCRIBMA in consultation with the DOI. Such Targeted AUP Engagements shall not be required to occur under the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#). The independent auditing firm will conduct the Targeted AUP and submit to the DOI and the WCRIBMA a findings report which describes the procedures performed by the firm and its findings. For each carrier group, any applicable work papers, including any applicable tables showing the reported and reconciled data together with a CD containing the data examined will be submitted by the auditing firm to the DOI and the WCRIBMA. The independent auditing firm's findings report will also be provided to the carrier group by WCRIBMA within 10 days after receiving it from the independent auditing firm.

Upon receipt of the findings report, the carrier group will be given not more than thirty (30) days to make a written submission to the DOI and the WCRIBMA responding to the findings report. The 30 day response period provided to the carrier group shall not prohibit the WCRIBMA from making any determination regarding the appropriateness of the carrier group's data submissions. The DOI will, however, withhold any findings regarding the appropriateness of the carrier group's data submissions for 30 days after the conclusion of the Targeted AUP Engagement.

2. Targeted Agreed Upon Procedures By Independent Auditing Firms

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The WCRIBMA will seek to ensure that the above referenced Targeted AUP will be conducted by an independent auditing firm that does not have a current audit relationship with the carrier subject to the on-site exam. The WCRIBMA will provide the DOI with the names of the independent auditing firms it intends to engage to conduct the Targeted AUPs. The carrier group will be obligated to provide the independent auditing firm with an adequate work space during normal business hours and to reimburse the firm for associated travel expenses incurred during the course of any on-site visit.

Applicable Targeted AUP costs are initially subject to a calendar year presumptive billing limit equal to the greater of \$50,000 or .5% of the carrier group's direct workers' compensation earned premium for the state of Massachusetts as reported on Statutory Page 14 of the Annual Statement for the prior calendar year. Therefore, the WCRIBMA shall engage only such auditing firms as agree to a presumptive billing limit for the costs associated with performance of their contract. If a carrier group did not file an Annual Statement for the prior calendar year, the Annual Statement most recently filed prior to the current year is to be used in the calculation of the above-described presumptive billing limit. If no annual statements have been filed prior to the current year, a Targeted AUP presumptive billing limit of \$50,000 will apply. A presumptive billing limit may be increased by the WCRIBMA only following a detailed written submission from the independent auditing firm which establishes to the satisfaction of the WCRIBMA that the firm cannot complete the Targeted AUP and submit a findings report within such limit.

The independent auditing firm's periodic invoices for the on-site Targeted AUP shall be submitted to the carrier group, through the WCRIBMA, and will be payable upon receipt by the carrier group. Any carrier group that fails to timely pay any invoice for an on-site Targeted AUP pursuant to the Statistical Plan shall be reported to the DOI for appropriate action.

C. Routine Engagements by Independent Auditing Firms (Triennial AUP)

Any carrier group with at least a one percent (1%) market share in any of the three calendar years immediately preceding the latest calendar year for which Annual Statements have been filed, will be required to engage its independent auditing firm (the auditing firm used by the carrier group to audit their most recent year-end financial statements) or another independent auditing firm of its choice to perform an on-site Triennial AUP Engagement. Carrier group market shares will be based on calendar year earned premiums for the Massachusetts workers' compensation line as reported on Statutory Page 14. The WCRIBMA will notify those carrier groups that will be subject to a Triennial AUP for any given year. The carrier groups selected for a Triennial AUP Engagement in any given year shall be determined by the WCRIBMA in consultation with the DOI. The routine Triennial AUP is to be performed at the carrier group's expense. Carrier groups will not be required to perform a routine on-site Triennial AUP Engagement more frequently than once every three years.

The Triennial AUP with regard to the underlying internal control environment (premiums and claims systems) governing Aggregate Financial data will be proposed by the WCRIBMA for approval by the DOI and will result in a findings report that will be submitted to the DOI, the WCRIBMA and the carrier group in accordance with the timetable prescribed in [Part II, Section II – Aggregate Financial Reporting Timetable](#).

Upon receipt of the findings report, the carrier group will be given not more than thirty (30) days to make a written submission to the DOI and the WCRIBMA responding to the findings report. The 30 day response period provided to the carrier group shall not prohibit the WCRIBMA from making any determination regarding the appropriateness of the carrier group's data submissions. The DOI will, however, withhold any findings regarding the appropriateness of the carrier group's data submissions for 30 days after the conclusion of the Triennial AUP Engagement.

PART V

DATA QUALITY COMPLIANCE PROGRAMS

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PART V - DATA QUALITY COMPLIANCE PROGRAMS

A. Overview

The Data Quality Compliance Program was developed in response to an order of the Commissioner of Insurance. The timely collection of unit statistical report (USR) data and aggregate financial (AF) call data is critical for providing the source data that is used in the development of workers' compensation rates. To ensure the inclusion of your data in the rate filing, it is necessary that the WCRIBMA receives accurate data on or before the applicable due dates.

The Data Quality Compliance Program does not apply to workers' compensation self-insurance groups.

There are four data quality programs. These are:

- Unit Statistical Data Quality Incentive Program (USDQIP)
- Aggregate Financial Call Acknowledgment Process
- Aggregate Financial Data Quality Incentive Program (AFDQIP)
- Examinations and Reconciliations

B. Unit Statistical Data Quality Incentive Program (USDQIP)

USDQIP provides carriers with an incentive to submit unit statistical data in a timely manner. The timeliness of unit statistical reporting is measured in relation to the corresponding policy's effective date. Penalty determinations will be based on the number of months past the policy effective date of the unit.

Carriers will be subject to timeliness fines for the following:

1. Missing Policy Information Fines

USR data, for which there is no corresponding, previously submitted policy in the WCRIBMA's data base will be rejected by the WCRIBMA.

Unit statistical reports that are rejected due to missing policy information are subject to fine if the policy information is not successfully submitted and the unit statistical report is not accepted, or not otherwise resolved, before the 21st month from the policy effective date.

The fines will be \$100 per month, for 6 consecutive months. The fines then increase to \$200 per month thereafter.

Timeliness Example: A unit statistical report corresponding to a policy effective any day during January, 2007, is rejected due to missing policy information. If the policy is not successfully submitted and the unit statistical report is not accepted or not otherwise resolved by the end of the 20th month following the policy effective date, the carrier will incur the first fine in the 21st month, October, 2008, and will be fined each subsequent month until resolution.

2. Delinquent Unit Statistical Reports Fines

A "Delinquent and Fined" USR is a unit statistical report for a policy within the WCRIBMA's data base, which has not been successfully submitted to the WCRIBMA and is more than 20 months (and in the case of subsequent reports that are due 30 months, 42 months, etc.) past the end of the month in which the corresponding policy became effective. If a policy record is received more

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than 20 months after the policy effective date, the policy will be listed under the Delinquent and Fined status.

Delinquent USRs will be fined in the 21st month and each month thereafter, until the unit statistical report is successfully submitted or the Delinquent and Fined status is otherwise resolved.

The fines will be \$100 per month, for 6 consecutive months. The fines then increase to \$200 per month thereafter.

Timeliness Example: A unit statistical report corresponding to a policy effective any day during January, 2007, but that has not been successfully submitted to the WCRIBMA, is posted with due status in July, 2008. If the USR is not successfully submitted or other resolution reached, or corrective action is not received by the end of the 20th month, the carrier will incur the first fine in the 21st month, October, 2008, and will be fined each subsequent month until resolution.

3. Rejected Correction Reports Fines

Correction reports which remain in rejected status for three (3) months, following the last day of the month in which the unit was rejected, will be fined at a rate of \$100 per month, for 6 consecutive months. The fines then increase to \$200 per month, thereafter.

Timeliness Example: A USR correction report is received at the WCRIBMA on any day in January, 2010 and is rejected by the WCRIBMA. If the rejected correction is not resolved by the reporting carrier, within the 3 months following the month in which the unit was rejected, (February, March, April) the carrier will incur the first fine on May 1, 2010 and will be fined each subsequent month until resolution.

C. Aggregate Financial Call Acknowledgment Process

The Aggregate Financial Call Acknowledgment Process was established to emphasize the importance of timely and accurate data. The Aggregate Financial Call Acknowledgment Process requires the completion of the Aggregate Financial Call Acknowledgment Form by a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries. This serves to confirm that the aggregate financial call data that relates to ratemaking has been prepared to the best of your organization's professional abilities and are accurately represented.

1. Timeliness Fines

Forms that are submitted after the due date will accrue fines at a rate of \$250 per business day for the first 30 business days overdue. Fines will accrue at the rate of \$1,000 per business day for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day until such time as the form has been submitted.

2. Inappropriate Signatory Fines

Forms that are submitted without the signature of a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries will incur a fine of \$1,000.

If a carrier does not submit a corrected form to the WCRIBMA within 5 business days of the WCRIBMA's notification to the carrier, additional fines will begin to accrue at the rate of \$250 per

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business day for the first 30 business days. Fines will accrue at the rate of \$1,000 per business day for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day until such time that the form is submitted with the appropriate signatory in accordance with the Statistical Plan.

D. Aggregate Financial Data Quality Incentive Program (AFDQIP)

AFDQIP provides carriers with an incentive to submit aggregate financial data in a timely and accurate manner. Late and/or inaccurate reporting of data will subject carriers to timeliness and/or data quality fines. The fines under the AFDQIP will be assessed on either a carrier group basis or an individual carrier basis, consistent with the manner in which the data is reported.

1. Timeliness Fines

Carriers will be notified via email five business days before the call deadline for pending call submissions. Notification will be sent to the person designated as the primary contact for all calls and the person designated as the contact for a given call (if different than the primary contact).

A request to submit overdue calls will be emailed to delinquent data reporters five business days after the call due date. This request will be sent to the person designated as the primary contact for all calls and the person designated as the contact for a given call (if different than the primary contact). Daily fines will begin to accrue at a rate of \$250 per business day per call for the first 30 business days beyond the date of the second email. Beyond 30 business days, fines will accrue at the rate of \$1,000 per business day per call for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day per call.

Timeliness fines will continue to accrue until a complete call is submitted.

2. Data Quality Fines

All submitted data is subjected to a number of edits designed to help the WCRIBMA identify data anomalies. Some data anomalies may be the result of errors in data submission while other data anomalies reflect accurately reported data resulting from atypical circumstances. The edits used by the WCRIBMA are categorized into two groups, Basic Edits and Actuarial Edits.

- Basic Edits

Basic edits are intended to identify incorrect data. For example, reported policy year standard premiums should always be non-negative values. A carrier submitting a negative value for policy year standard premium has made a mistake. In addition to sign conventions, Basic Edits also check to see that premiums have been reported for any policy year for which losses have been reported.

Basic edit failures result in per occurrence fines. Additionally, Basic Edit failures will result in timeliness fines if not corrected within 10 business days. There are no acceptable explanations for Basic Edits failures. All Basic Edit failures must be corrected.

Per Occurrence Fines - Each finable Basic Edit failure results in a fine of \$250. Note that a single error condition can generate multiple errors within and across calls, with the generated errors resulting in fines of \$250 each. For example, assume that a carrier submits a policy year call where the standard premium at designated statistical rate is reported as a negative value for six separate policy years. This would result in a fine of \$1,500 (6 x \$250).

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Timeliness Fines – Carriers will have 10 business days to correct Basic Edit failures. Beyond the 10 business day grace period, fines will accrue at the rate of \$250 per business day per call for the first 30 business days. Fines will accrue at the rate of \$1,000 per business day per call for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day per call.

Basic Edit Testing - Before submitting data to the WCRIBMA, member carriers may utilize WCRIBMA provided tools to test data against Basic Edits. These tools may be used repeatedly before making any initial call submission or any correction submission.

For example, assume that a carrier is working on their reporting of the Policy Year call. The Policy Year call data may be uploaded to the WCRIBMA's website. At this point the data is termed "saved" and not "submitted." The "saved" data may then be tested by running the Basic Edits against the data. Based on the results of the Basic Edit testing, the carrier may make any necessary corrections.

- Assuming no changes are warranted, the carrier can proceed to "submit" the data.
- Assuming, for example, the Basic Edits flag a number of records because negative policy year premium amounts were reported, the "saved" data may be corrected and subsequently retested. This process may be repeated as often as necessary. Once the carrier has resolved all data issues flagged by the Basic Edits, the carrier can proceed to "submit" the data. The WCRIBMA will review the Basic Edits report for the submitted call.

Note that only "submitted" data that fails Basic Edits will be subject to fines. Also, once a call is submitted it is subject to fines. Data quality fines apply if a correction is required for a submitted call, even if corrected prior to the call due date.

- Actuarial Edits

Actuarial Edits are intended to ensure:

- consistency of Aggregate Financial data within a call
- consistency of Aggregate Financial data between Aggregate Financial calls
- consistency of Aggregate Financial data with Unit Statistical Reports
- reasonableness of changes between valuations

Data flagged as a result of the Actuarial Edit process is atypical but not necessarily incorrect data. Consequently, to resolve issues with data flagged by Actuarial Edits carriers must supply an acceptable explanation for the data anomaly or the data must be corrected.

Acceptable explanations must describe, to the satisfaction of the WCRIBMA's actuarial staff, the circumstances that caused the anomaly.

The following would be deemed unacceptable explanations by the WCRIBMA:

- explanations that simply identify the source of the error
- explanations that simply state that the reported data is correct as filed without sufficient documentation to allow for the WCRIBMA's evaluation

For each Actuarial Edit that flags a data anomaly, carriers must provide the WCRIBMA either an acceptable explanation or corrected data within 10 business days of being notified of the data anomaly. Please note that each response must be reviewed and accepted by the

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WCRIBMA's actuarial staff within the allotted 10 business day time frame. Therefore, data reporters should reply in a timely manner to allow sufficient time for the WCRIBMA to request further clarifying information. Business days will not be counted during the time that the WCRIBMA's actuarial staff is reviewing an explanation or a correction.

For example, assume that a carrier submits a call which results in an actuarial edit. The carrier will be notified via email of any flagged actuarial edits that have not been resolved. The carrier reviews the data and sends an explanation or a correction after 3 business days. WCRIBMA's actuarial staff will review carrier's response. The time that the actuarial staff reviews the response is not counted in the time frame of 10 business days. If the WCRIBMA requests further clarifying information the carrier has 7 business days remaining to provide an acceptable explanation or corrected data.

Acceptable responses not received within 10 business days are deemed late and will result in fines. For each applicable Actuarial Edit, fines will accrue at a rate of \$250 per business day for the first 30 business days overdue. Beyond 30 business days, fines will accrue at the rate of \$1,000 per business day for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day until an acceptable explanation has been submitted.

In addition, revisions to data may generate further errors and result in additional fines. Data Reporters should take this into consideration because revisions that trigger other edit failures do not warrant an additional 10 business days to resolve. Fines will be levied for each business day until an acceptable explanation or correction is submitted.

3. Caps Applicable to Fines Relating to Timeliness and Data Quality

Fines associated with Timeliness and Data Quality Edits are subject to a cap which is a function of calendar year earned premium. The calendar year earned premium used to calculate the caps is derived by taking the difference of policy year standard earned premiums at the designated statistical reporting level for successive valuation dates. The applicable policy year premiums are the totals for all policy years taken from the following calls:

- CALL # 2 : POLICY YEAR CALL
- CALL #2C: POLICY YEAR LARGE DEDUCTIBLE CALL
- CALL #2D: POLICY YEAR "F" CLASSIFICATION CALL
- CALL #2E: POLICY YEAR MARITIME CLASSIFICATION CALL

For calls due in a year XXXX the calendar year earned premium applied in capping will be for year XXXX – 2. For example, calls due to be submitted in 2007 will be subject to a cap based on calendar year 2005 earned premiums at the designated statistical reporting level.

The maximum total fine for all calls due in a given year is limited to the greater of \$15,000 or 0.5% of the applicable earned premium at the designated statistical reporting level.

E. Examinations and Reconciliations

1. Targeted AUP

The WCRIBMA will annually perform certain reconciliations as mandated by the Massachusetts Commissioner of Insurance. If the mandated reconciliations identify unexplained data anomalies which are not resolved in accordance with the established timeline, the insurance group to which the carrier belongs is subject to an on-site targeted examination by an auditing firm charged with preparing a Findings Report relative to the data in question. See [Part IV – Examinations and Reconciliations](#) for complete details.

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2. Triennial AUP

Additionally, insurance groups with market shares exceeding a given threshold are subject to a triennial AUP requirement. See [Part IV – Examinations and Reconciliations](#) for complete details.

- Findings Reports

Findings reports related to a triennial examination that is submitted after the due date will accrue fines at a rate of \$250 per business day for the first 30 business days. Fines will accrue at the rate of \$1,000 per business day for the next 30 business days after which fines will accrue at the rate of \$2,500 per business day until such time as the Findings Report has been submitted.

F. Disciplinary Fine

In addition to the fines described above, the WCRIBMA may impose a Disciplinary Fine.

1. Reasons for Disciplinary Fine:

- a. If, in any filing the WCRIBMA makes with the Division of Insurance, it becomes necessary for the WCRIBMA to adjust, correct, or make allowances for inaccuracies in the data supplied by a carrier or carrier group.
- b. If the WCRIBMA deems the data unsuitable for use in any WCRIBMA filing.
- c. A carrier or carrier group is not responsive to the WCRIBMA's request to submit overdue calls.
- d. A carrier or carrier group is not responsive or does not satisfactorily respond to the WCRIBMA's attempts to resolve data anomalies.
- e. If the WCRIBMA, in its sole discretion, determines that a carrier group is uncooperative with the WCRIBMA and/or the auditing firm designated to prepare the findings report related to a Targeted AUP in accordance with [Part IV – Examinations and Reconciliations](#).
- f. A carrier group does not comply with the triennial examination requirement as outlined in [Part IV – Examinations and Reconciliations](#).
- g. A carrier group has data which is missing, rejected, or filtered from the annual summary review that will be excluded from the data reconciliation process.
- h. In addition to any authority the Commissioner of Insurance already has, the Commissioner may, at his or her discretion, require the WCRIBMA to impose a fine upon a reporting carrier or carrier group in the amount set forth above if, after written notice and a hearing, the Commissioner finds that any reporting entity's aggregate financial data is unreliable, incomplete, untimely or otherwise defective and that such defect has materially impacted a filing submitted to the Commissioner.

2. Calculation of Disciplinary Fine

a. Disciplinary Fine for Reasons a through f:

The Disciplinary Fine is designed so that it is a function of calendar year earned premium. The calendar year earned premium used to calculate the Disciplinary Fine is derived by

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taking the difference of policy year standard earned premiums at the designated statistical reporting level for successive valuation dates. For calls due in a year XXXX the calendar year earned premium applied in capping will be for year XXXX – 2. For example, calls due to be submitted in 2007 will be subject to a cap based on calendar year 2005 earned premiums at the designated statistical reporting level. The Disciplinary Fine shall be the greater of \$25,000 or 2.0% of the applicable earned premium at the designated statistical reporting level.

For reasons a, b, c and d listed above, the premium used in the calculation will correspond to the basis at which the data in question was reported. If the data in question was reported on a grouped basis, the premiums used in the calculation will be for the carriers that were included in the grouping. Conversely, if the data in question was reported on an individual company basis, the premiums used in the calculation will be those of the individual company.

For reasons e and f above, the premium used in the calculation will be the total premium for all carriers within the NAIC insurance group.

b. Disciplinary Fine for Reason g:

Carrier groups will be subject to fines on data that remains missing, rejected, or filtered as of October 1st of that review year and each month thereafter until the acceptable threshold is met.

Any data which remains missing, rejected, or filtered will count against the overall data expected to be included in the summary for that carrier group. Carrier groups, who have more than 10 unit statistical reports and more than 1% of their overall data excluded from the summary, will be fined each month until they reach the 1% or less than 10 unit statistical report threshold. A carrier group will be subject to a disciplinary fine of \$500 per unit statistical report with a maximum cap of \$50,000 fined each month.

Example: If a carrier group has 10,000 units expected to be included in the summary, and 200 units, or 2%, are either missing, rejected or filtered, the carrier would be fined each month until 100 or fewer units are missing, rejected or filtered.

c. Disciplinary Fine for Reason h:

Such fine will be calculated in the same manner as Disciplinary Fines stemming from reasons a through d listed above and such fines will not require a written warning letter.

3. Disciplinary Fine Notification

The WCRIBMA will send a written warning letter via email at least 10 business days prior to levying a Disciplinary Fine for any of the above listed reasons. On the same date, the WCRIBMA will also send a hard copy of the written warning letter via certified mail return receipt.

G. Reporting of Fines to the Massachusetts Division of Insurance

By September 15th of each year, the WCRIBMA shall provide the Massachusetts Division of Insurance a listing by carrier or carrier group of all Timeliness Fines and Data Quality Fines levied during the course of the year as a result of the Aggregate Financial Data Quality Incentive Program. If additional Timeliness Fines or Data Quality Fines are levied during the balance of the year, the WCRIBMA shall provide an updated report.

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Additionally, all Disciplinary Fines will be reported to the Division of Insurance by November 15th of each year. If additional Disciplinary Fines are levied during the balance of the year, the WCRIBMA shall provide an updated report.

H. Appeal of Penalties Levied under the Data Quality Compliance Programs

If the carrier or carrier group (carrier) is subject to a fine, which in the opinion of the carrier is inappropriate, the carrier may submit a written appeal to the Data Operations Department via email (DataOperations@wcribma.org) or to the following address:

Data Operations Department
WCRIBMA
101 Arch Street, 5th Floor
Boston, MA 02110

The written appeal must be submitted by an officer or senior manager of the carrier within twenty (20) business days of the invoice date on the invoice for the particular fine(s) at issue. The appeal should include copies of the relevant invoice(s), all pertinent written communications and detailed statements that describe why the carrier thinks the fine(s) is inappropriate. The WCRIBMA will provide the carrier with its written decision on the carrier's appeal within twenty (20) business days of its receipt of the appeal.

If the carrier is not satisfied with the WCRIBMA's decision, it may appeal to the Commissioner of Insurance. Such an appeal shall be filed within thirty (30) days of the carrier's receipt of the WCRIBMA's written decision. The carrier should provide the WCRIBMA with a copy of any appeal submitted to the Commissioner of Insurance.

PART VI

APPENDICES

APPENDIX I

EXTRAORDINARY LOSS EVENT TABLE

**MASSACHUSETTS WORKERS' COMPENSATION
STATISTICAL PLAN**

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APPENDIX I – EXTRAORDINARY LOSS EVENT TABLE

Extraordinary Loss Event			
Catastrophe Number	Event	Description	Accident Dates
48	World Trade Center Attacks	Events of September 11, 2001 attacks	9/11/2001 – 9/14/2001
87	World Trade Center Attacks	Rescue, recovery, and clean-up efforts related to September 11, 2001 at the World Trade Center site	9/11/2001 – 9/12/2002

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APPENDIX II

STATISTICAL CLASS CODES

**MASSACHUSETTS WORKERS' COMPENSATION
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Effective: January 1, 2015
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APPENDIX II – STATISTICAL CLASS CODES

Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
0032	Loss Constant	Yes	No	Blank	No
0059	Occupational Disease- Abrasive/Sand Blast	Yes	Yes	Payroll	Yes
0063	Premium Discount – Type A	No	No	Blank	No
0064	Premium Discount – Type B	No	No	Blank	No
0065	Occupational Disease-Steel	Yes	Yes	Payroll	Yes
0066	Occupational Disease-Non Ferrous Metals	Yes	Yes	Payroll	Yes
0067	Occupational Disease-Iron	Yes	Yes	Payroll	Yes
0277	All Risk Adjustment Program	Yes	No	Blank	No
0771	Non Ratable Element Explosives or Ammunition MFG: NOC & DR	Yes	No	Payroll	No
0887	Premium Credit for Scheduled Rating Plan-Subject to Experience Rating	No	Yes	Blank	No
0900	Expense Constant	Yes	No	Blank	No
0930	Additional Premium – Waiver of Subrogation	Yes	Yes	Blank	No
0931	Short Rate Penalty Premium	Yes	No	Blank	No
0990	Risk Minimum Premium	Yes	No	Blank	No
1111	No Massachusetts Exposure	Must be Zero	No	Blank	No
7445	Non Ratable Element – Air Carrier – Other Flying Crew-NR	Yes	No	Payroll	No

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Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
7453	Non Ratable Element – Air Carrier – Commuter Flying Crew-NR	Yes	No	Payroll	No
9034	Rate Deviation – Not Subject to Experience Rating	No	No	Blank	No
9037	Rate Deviation – Subject to Experience Rating	No	Yes	Blank	No
9046	Construction Class Premium Adjustment	No	No	Blank	No
9129	Former Self-Insured Rating Plan Deposit	Yes	No	Blank	No
9136	Former Self-Insured Insurance Charge	Yes	No	Blank	No
9663	Large Deductible Adjustment-Not Subject to Experience Rating	No	No	Blank	No
9664	Deductible Adjustment-Subject to Experience Rating	No	Yes	Blank	No
9721	Carrier Filed Premium Credit-Subject to Experience Rating	No	Yes	Blank	No
9722	Carrier Filed Premium Credit-Not Subject to Experience Rating	No	No	Blank	No
9723	Carrier Filed Premium Debit-Subject to Experience Rating	Yes	Yes	Blank	No
9724	Carrier Filed Premium Debit-Not Subject to Experience Rating	Yes	No	Blank	No
9740	Terrorism Insurance Program (Certified Acts of Terrorism) Premiums	Yes	No	Blank	No
9803	Employers Liability 100/100/1,000	Yes	Yes	Blank	No
9804	Employers Liability 100/100/2,500	Yes	Yes	Blank	No
9805	Employers Liability 100/100/5,000	Yes	Yes	Blank	No
9806	Employers Liability 100/100/10,000	Yes	Yes	Blank	No

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Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
9807	Employers Liability 500/500/500	Yes	Yes	Blank	No
9808	Employers Liability 500/500/1,000	Yes	Yes	Blank	No
9809	Employers Liability 500/500/2,500	Yes	Yes	Blank	No
9810	Employers Liability 500/500/5,000	Yes	Yes	Blank	No
9811	Employers Liability 500/500/10,000	Yes	Yes	Blank	No
9812	Employers Liability 1,000/1,000/1,000	Yes	Yes	Blank	No
9813	Employers Liability 1,000/1,000/2,500	Yes	Yes	Blank	No
9814	Employers Liability 1,000/1,000/5,000	Yes	Yes	Blank	No
9815	Employers Liability 1,000/1,000/10,000	Yes	Yes	Blank	No
9816	Employers Liability	Yes	Yes	Blank	No
9848	Employers Liability Minimum Premium	Yes	Yes	Blank	No
9849	Admiralty/FELA Balance Minimum	Yes	No	Blank	No
9880	Qualified Loss Management Program Credit	No	No	Blank	No
9884	Merit Rating Unity	Must be zero	No	Blank	No
9885	Merit Rating Credit	No	No	Blank	No
9886	Merit Rating Debit	Yes	No	Blank	No
9887	Premium Credit for Scheduled Rating Plan-Not Subject to Experience Rating	No	No	Blank	No

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Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
9985	Atomic Energy: Radiation Exposure NOC	Yes	No	Blank	No

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APPENDIX III

PENSION TABLES

**MASSACHUSETTS WORKERS' COMPENSATION
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APPENDIX III – PENSION TABLES

Table IE-398
Pension Table - Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Widowhood	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	\bar{a} (x) + 6	\bar{a} (x) + 7	\bar{a} (x) + 8	\bar{a} (x) + 9	\bar{a} (x)+10
16	19.069	19.213	20.036	19.911	20.729	21.368	21.691	22.035	22.401	22.791	23.207
17	19.319	19.478	20.328	20.216	21.063	21.730	22.077	22.446	22.839	23.258	23.645
18	19.585	19.761	20.639	20.542	21.420	22.116	22.488	22.883	23.305	23.695	24.053
19	19.868	20.062	20.970	20.888	21.799	22.527	22.925	23.349	23.742	24.102	24.429
20	20.169	20.382	21.322	21.256	22.202	22.963	23.390	23.785	24.148	24.478	24.773
21	20.755	20.980	21.912	21.795	22.703	23.427	23.825	24.190	24.522	24.820	25.082
22	21.322	21.555	22.479	22.309	23.176	23.861	24.229	24.563	24.863	25.128	25.357
23	21.867	22.108	23.019	22.795	23.620	24.265	24.601	24.903	25.170	25.401	25.596
24	22.387	22.634	23.531	23.252	24.032	24.635	24.939	25.207	25.441	25.638	25.799
25	22.881	23.132	24.012	23.677	24.412	24.971	25.242	25.477	25.676	25.838	25.965
26	23.347	23.600	24.462	24.071	24.757	25.273	25.509	25.710	25.874	26.002	26.094
27	23.782	24.036	24.877	24.430	25.067	25.538	25.740	25.906	26.035	26.128	26.185
28	24.185	24.439	25.256	24.754	25.342	25.767	25.934	26.065	26.159	26.217	26.240
29	24.556	24.808	25.600	25.042	25.579	25.959	26.091	26.186	26.246	26.269	26.257
30	24.891	25.140	25.906	25.293	25.780	26.114	26.210	26.270	26.295	26.284	26.239
31	25.192	25.436	26.174	25.508	25.943	26.231	26.292	26.317	26.307	26.263	26.184
32	25.456	25.694	26.403	25.684	26.069	26.310	26.336	26.327	26.283	26.205	26.094
33	25.683	25.915	26.593	25.823	26.156	26.352	26.344	26.300	26.223	26.113	25.971
34	25.874	26.097	26.743	25.924	26.206	26.357	26.315	26.238	26.128	25.987	25.814
35	26.026	26.241	26.855	25.987	26.220	26.327	26.251	26.141	26.000	25.828	25.626
36	26.142	26.346	26.927	26.013	26.197	26.261	26.152	26.011	25.839	25.637	25.406
37	26.220	26.413	26.960	26.003	26.139	26.160	26.019	25.848	25.646	25.416	25.157
38	26.261	26.442	26.956	25.958	26.046	26.026	25.855	25.654	25.423	25.164	24.878
39	26.266	26.434	26.914	25.877	25.920	25.860	25.659	25.429	25.170	24.884	24.571
40	26.235	26.391	26.836	25.763	25.761	25.663	25.433	25.175	24.888	24.576	24.238
41	26.170	26.312	26.723	25.616	25.572	25.437	25.178	24.892	24.579	24.242	23.880
42	26.070	26.198	26.576	25.438	25.352	25.180	24.894	24.582	24.244	23.883	23.498
43	25.938	26.052	26.396	25.229	25.103	24.896	24.584	24.246	23.885	23.500	23.093
44	25.774	25.873	26.185	24.991	24.825	24.585	24.247	23.886	23.502	23.095	22.666
45	25.580	25.664	25.942	24.724	24.521	24.248	23.887	23.503	23.096	22.667	22.218
46	25.356	25.425	25.670	24.429	24.191	23.888	23.503	23.096	22.667	22.218	21.751
47	25.103	25.155	25.368	24.108	23.836	23.504	23.097	22.668	22.219	21.751	21.268
48	24.822	24.858	25.039	23.763	23.458	23.097	22.668	22.219	21.752	21.268	20.770
49	24.515	24.534	24.684	23.393	23.057	22.668	22.219	21.752	21.268	20.771	20.261
50	24.181	24.184	24.303	23.000	22.633	22.219	21.752	21.268	20.771	20.261	19.742
51	23.823	23.808	23.897	22.582	22.188	21.752	21.268	20.771	20.261	19.742	19.215
52	23.440	23.408	23.465	22.143	21.724	21.268	20.771	20.261	19.742	19.215	18.681
53	23.033	22.983	23.011	21.685	21.244	20.771	20.261	19.742	19.215	18.681	18.140
54	22.605	22.536	22.536	21.209	20.749	20.261	19.742	19.215	18.681	18.140	17.593
55	22.157	22.070	22.044	20.719	20.243	19.742	19.215	18.681	18.140	17.593	17.041
56	21.691	21.586	21.535	20.216	19.726	19.215	18.681	18.140	17.593	17.041	16.486
57	21.208	21.086	21.013	19.703	19.201	18.681	18.140	17.593	17.041	16.486	15.930
58	20.711	20.574	20.480	19.181	18.668	18.140	17.593	17.041	16.486	15.930	15.373
59	20.202	20.050	19.937	18.650	18.128	17.593	17.041	16.486	15.930	15.373	14.816
60	19.683	19.517	19.386	18.112	17.582	17.041	16.486	15.930	15.373	14.816	14.257
61	19.154	18.975	18.826	17.568	17.031	16.486	15.930	15.373	14.816	14.257	13.700
62	18.618	18.425	18.260	17.019	16.477	15.930	15.373	14.816	14.257	13.700	13.144
63	18.075	17.869	17.689	16.467	15.922	15.373	14.816	14.257	13.700	13.144	12.592
64	17.527	17.308	17.114	15.913	15.366	14.816	14.257	13.700	13.144	12.592	12.044
65	16.975	16.744	16.538	15.358	14.809	14.257	13.700	13.144	12.592	12.044	11.502
66	16.420	16.179	15.960	14.802	14.251	13.700	13.144	12.592	12.044	11.502	10.965
67	15.863	15.612	15.382	14.245	13.694	13.144	12.592	12.044	11.502	10.965	10.432
68	15.307	15.046	14.803	13.689	13.140	12.592	12.044	11.502	10.965	10.432	9.906

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APPENDIX III – PENSION TABLES

Table IE-398
Pension Table - Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Widowhood	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	\bar{a} (x) + 6	\bar{a} (x) + 7	\bar{a} (x) + 8	\bar{a} (x) + 9	\bar{a} (x)+10
69	14.750	14.478	14.225	13.136	12.588	12.044	11.502	10.965	10.432	9.906	9.390
70	14.193	13.912	13.649	12.585	12.041	11.502	10.965	10.432	9.906	9.390	8.885
71	13.636	13.348	13.076	12.038	11.500	10.965	10.432	9.906	9.390	8.885	8.389
72	13.082	12.786	12.508	11.497	10.962	10.432	9.906	9.390	885 8.	8.389	7.902
73	12.531	12.229	11.945	10.961	10.430	9.906	9.390	8.885	8.389	7.902	7.428
74	11.984	11.678	11.387	10.429	9.905	9.390	8.885	8.389	7.902	7.428	6.972
75	11.443	11.131	10.834	9.904	9.389	8.885	8.389	7.902	7.428	6.972	6.531
76	10.906	10.589	10.288	9.389	8.884	8.389	7.902	7.428	6.972	6.531	6.109
77	10.375	10.054	9.752	8.884	8.388	7.902	7.428	6.972	6.531	6.109	5.709
78	9.850	9.529	9.226	8.388	7.901	7.428	6.972	6.531	6.109	5.709	5.330
79	9.334	9.014	8.711	7.901	7.428	6.972	6.531	6.109	5.709	5.330	4.972
80	8.830	8.509	8.204	7.428	6.971	6.531	6.109	5.709	5.330	4.972	4.635
81	8.334	8.013	7.712	6.971	6.531	6.109	5.709	5.330	4.972	4.635	4.318
82	7.848	7.531	7.236	6.531	6.109	5.709	5.330	4.972	4.635	4.318	4.022
83	7.376	7.065	6.778	6.109	5.709	5.330	4.972	4.635	4.318	4.022	3.746
84	6.920	6.616	6.338	5.709	5.331	4.972	4.635	4.318	4.022	3.746	3.490
85	6.480	6.186	5.923	5.331	4.972	4.635	4.318	4.022	3.746	3.490	3.253
86	6.059	5.779	5.529	4.972	4.635	4.318	4.022	3.746	3.490	3.253	3.036
87	5.660	5.393	5.156	4.635	4.318	4.022	3.746	3.490	3.253	3.036	2.837
88	5.282	5.028	4.804	4.318	4.022	3.746	3.490	3.253	3.036	2.837	2.657
89	4.925	4.684	4.475	4.022	3.746	3.490	3.253	3.036	2.837	2.657	2.496
90	4.589	4.362	4.166	3.746	3.490	3.253	3.036	2.837	2.657	2.496	2.354
91	4.273	4.060	3.879	3.490	3.253	3.036	2.837	2.657	2.496	2.354	2.218
92	3.979	3.779	3.612	3.253	3.036	2.837	2.657	2.496	2.354	2.218	2.087
93	3.704	3.518	3.366	3.036	2.837	2.657	2.496	2.354	2.218	2.087	1.962
94	3.449	3.278	3.140	2.837	2.657	2.496	2.354	2.218	2.087	1.962	1.841
95	3.214	3.057	2.933	2.657	2.496	2.354	2.218	2.087	1.962	1.841	1.727
96	2.999	2.855	2.746	2.496	2.354	2.218	2.087	1.962	1.841	1.727	1.617
97	2.802	2.672	2.578	2.354	2.218	2.087	1.962	1.841	1.727	1.617	1.511
98	2.623	2.508	2.430	2.218	2.087	1.962	1.841	1.727	1.617	1.511	1.411
99	2.463	2.364	2.288	2.087	1.962	1.841	1.727	1.617	1.511	1.411	1.315
100	2.322	2.226	2.152	1.962	1.841	1.727	1.617	1.511	1.411	1.315	1.223
101	2.187	2.093	2.021	1.841	1.727	1.617	1.511	1.411	1.315	1.223	1.135
102	2.058	1.966	1.896	1.727	1.617	1.511	1.411	1.315	1.223	1.135	1.052
103	1.934	1.844	1.777	1.617	1.511	1.411	1.315	1.223	1.135	1.052	0.972
104	1.816	1.728	1.662	1.511	1.411	1.315	1.223	1.135	1.052	0.972	0.896

Notes:

Source: Based on the 2009 United States Life Table for the Female Population
Remarriage probabilities based on the 1997 US Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation after year 2 = 2.0%

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**Appendix III – Pension Tables
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**Example - Fatal Claim - Spouse & One Child
Usage of: Surviving Spouse's Pension Table (Table IE-398)**

Calculation of incurred loss to be reported when benefits are payable to a surviving spouse until death or remarriage, due to a fatal injury occurring after December 23, 1991.

Accident Date:	2/5/2013	Policy Effective Date:	1/1/2013
Date of Death:	2/5/2013	Spouse's Birthdate:	7/20/1979
Weekly Wages:	\$580	Child's Birthdate:	10/15/2003

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2014	7/2015	7/2016
2. Spouse's attained age at date of death	33	33	33
3. Duration since date of death (to nearest year), t.	1	2	3
4. Weekly Benefit Payable	\$386.67	\$386.67	\$396.34
5. Annual Benefit Payable [= (4) x 52]	\$20,107	\$20,107	\$20,610
Benefits for Spouse beyond the Valuation Date			
6. Factor from Table IE-398	27.526	26.593	25.823
7. Present Value of Future Payment [= (5) x (6)]	\$553,461	\$534,700	\$532,199
Others			
8. Payment since date of death	\$28,614	\$48,720	\$69,224
9. Funeral Allowance, Maximum of \$4,000	\$4,000	\$4,000	\$4,000
10. Total Incurred Indemnity Loss [= (7) + (8) + (9)]	\$586,074	\$587,421	\$605,422

Notes:

- (4): The weekly benefit payment is equal to two-thirds of the average weekly wage of the deceased employee. In no instance shall said widow/widower, receive less than \$110 per week. Additional compensation is paid in the amount of \$6 a week for each child of the deceased employee under the age of eighteen or over said age and physically or mentally incapacitated from earning, or over said age and a full time student qualified for exemption as a dependent, except that no additional compensation for the benefits of the children of the employee shall be payable when combined with the compensation due to the spouse that would allow the widow(er) an amount in excess of \$150 per week. (MGL c. 152, Sec 31)

Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):

Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date of personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:

- The annual change in the Adjusted Benefit shall not exceed the minimum of:
 - The increase in the State Average Weekly Wage (SAWW)
 - The increase in the Northeastern region CPI for all urban consumers
 - 5%
- In no instance shall the adjusted benefit be greater than "three times the base benefit."

		<u>Benefit Reevaluation Date</u>
	2/5/2013	10/1/2015
<u>COLA Adjustment Factor</u>		1.0250
Adjusted Benefit	\$386.67	\$396.34
	<i>Base Benefit</i>	<i>1st Escalated Benefit</i>
Supplemental Benefit		\$9.67
Weekly Benefit (Base Benefit + Supplemental Benefit)	\$386.67	\$396.34*

Notes:

- *\$396.34 = \$386.67 x max(1.0250,1.0), subject to a maximum of \$1160 (3 times the \$386.67 base benefit)
 - If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
 - No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
 - For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.
- (6): 1st Report factor is from the 9/1/2011 Pension Table, 2nd Report factor is from the 4/1/2015 Pension Table, 3rd Report is from the 4/1/2015 Pension Table.

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Table IIE-398
Pension Table – Other than Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	\bar{a} (x) + 6	\bar{a} (x) + 7	\bar{a} (x) + 8	\bar{a} (x) + 9	\bar{a} (x)+10
0	44.171	44.989	45.565	43.425	43.053	42.673	42.287	41.895	41.497	41.092	40.681
1	44.227	44.776	45.338	43.202	42.824	42.441	42.051	41.655	41.252	40.843	40.428
2	44.015	44.551	45.102	42.969	42.588	42.200	41.806	41.406	40.999	40.587	40.168
3	43.791	44.315	44.856	42.729	42.343	41.952	41.554	41.149	40.738	40.322	39.901
4	43.556	44.070	44.602	42.481	42.091	41.695	41.292	40.884	40.470	40.051	39.628
5	43.312	43.817	44.339	42.224	41.830	41.430	41.023	40.611	40.194	39.774	39.351
6	43.060	43.555	44.068	41.959	41.561	41.156	40.746	40.331	39.913	39.492	39.068
7	42.800	43.285	43.788	41.686	41.283	40.874	40.461	40.045	39.626	39.205	38.780
8	42.531	43.007	43.499	41.404	40.997	40.586	40.171	39.754	39.334	38.912	38.486
9	42.254	42.719	43.200	41.113	40.704	40.291	39.876	39.458	39.037	38.614	38.187
10	41.967	42.423	42.894	40.816	40.405	39.991	39.575	39.156	38.734	38.309	37.880
11	41.673	42.118	42.580	40.512	40.100	39.686	39.269	38.848	38.425	37.998	37.568
12	41.369	41.805	42.259	40.204	39.791	39.375	38.956	38.534	38.109	37.681	37.248
13	41.059	41.487	41.933	39.889	39.475	39.058	38.638	38.214	37.787	37.356	36.921
14	40.742	41.163	41.601	39.569	39.154	38.735	38.313	37.887	37.458	37.024	36.585
15	40.420	40.833	41.264	39.243	38.826	38.405	37.981	37.553	37.121	36.683	36.239
16	40.093	40.497	40.920	38.911	38.491	38.069	37.642	37.212	36.775	36.332	35.883
17	39.760	40.156	40.569	38.572	38.151	37.725	37.296	36.861	36.419	35.971	35.516
18	39.420	39.807	40.211	38.227	37.803	37.374	36.941	36.500	36.053	35.599	35.138
19	39.075	39.452	39.847	37.874	37.447	37.014	36.575	36.129	35.676	35.217	34.751
20	38.723	39.091	39.475	37.514	37.082	36.644	36.199	35.747	35.289	34.824	34.353
21	38.364	38.722	39.096	37.145	36.707	36.264	35.813	35.355	34.892	34.422	33.945
22	37.998	38.346	38.707	36.765	36.322	35.873	35.416	34.953	34.484	34.009	33.528
23	37.625	37.960	38.308	36.376	35.927	35.471	35.009	34.541	34.067	33.586	33.100
24	37.243	37.565	37.898	35.976	35.521	35.060	34.593	34.119	33.640	33.154	32.662
25	36.851	37.159	37.477	35.566	35.106	34.639	34.166	33.687	33.203	32.712	32.215
26	36.449	36.742	37.046	35.147	34.681	34.208	33.730	33.246	32.756	32.260	31.758
27	36.038	36.316	36.605	34.717	34.246	33.768	33.285	32.795	32.300	31.798	31.292
28	35.616	35.880	36.154	34.279	33.802	33.319	32.830	32.335	31.834	31.328	30.817
29	35.185	35.434	35.694	33.831	33.348	32.860	32.365	31.865	31.360	30.849	30.333
30	34.745	34.980	35.224	33.374	32.886	32.392	31.892	31.387	30.877	30.361	29.841
31	34.296	34.516	34.745	32.908	32.415	31.915	31.410	30.900	30.385	29.866	29.342
32	33.839	34.043	34.257	32.434	31.935	31.430	30.921	30.406	29.887	29.363	28.836
33	33.373	33.562	33.760	31.951	31.447	30.938	30.423	29.904	29.381	28.854	28.324
34	32.899	33.073	33.255	31.461	30.952	30.437	29.919	29.396	28.869	28.339	27.806
35	32.417	32.575	32.742	30.963	30.449	29.931	29.408	28.881	28.351	27.819	27.283
36	31.927	32.070	32.222	30.458	29.940	29.418	28.891	28.361	27.829	27.294	26.756
37	31.431	31.559	31.695	29.948	29.425	28.899	28.369	27.837	27.302	26.764	26.224
38	30.927	31.040	31.161	29.431	28.905	28.375	27.843	27.308	26.771	26.230	25.688
39	30.418	30.516	30.622	28.909	28.380	27.848	27.313	26.776	26.235	25.693	25.148
40	29.904	29.987	30.078	28.383	27.851	27.317	26.779	26.239	25.697	25.152	24.607
41	29.384	29.453	29.530	27.854	27.319	26.782	26.242	25.699	25.155	24.610	24.064
42	28.860	28.914	28.978	27.321	26.784	26.244	25.701	25.157	24.612	24.066	23.519
43	28.332	28.373	28.423	26.785	26.245	25.703	25.159	24.613	24.067	23.520	22.972
44	27.800	27.829	27.864	26.246	25.704	25.159	24.614	24.068	23.521	22.973	22.423
45	27.267	27.281	27.303	25.704	25.160	24.615	24.069	23.522	22.974	22.424	21.871
46	26.730	26.730	26.738	25.161	24.615	24.069	23.523	22.974	22.424	21.872	21.317
47	26.190	26.177	26.172	24.616	24.070	23.523	22.975	22.425	21.872	21.317	20.760
48	25.648	25.622	25.605	24.070	23.523	22.975	22.425	21.872	21.317	20.760	20.201
49	25.104	25.066	25.036	23.523	22.975	22.425	21.872	21.317	20.760	20.201	19.642
50	24.558	24.509	24.467	22.975	22.425	21.872	21.317	20.760	20.202	19.642	19.081
51	24.013	23.951	23.897	22.425	21.872	21.317	20.760	20.202	19.642	19.081	18.520
52	23.466	23.392	23.324	21.872	21.317	20.760	20.202	19.642	19.081	18.520	17.958
53	22.918	22.831	22.749	21.317	20.760	20.202	19.642	19.081	18.520	17.958	17.396
54	22.368	22.267	22.171	20.760	20.202	19.642	19.081	18.520	17.958	17.396	16.834
55	21.815	21.701	21.591	20.202	19.642	19.081	18.520	17.958	17.396	16.834	16.273
56	21.260	21.132	21.009	19.642	19.081	18.520	17.958	17.396	16.834	16.273	15.715

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Table IIE-398
Pension Table – Other than Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age	$\ddot{a}_{(x)}$	$\ddot{a}_{(x)+1}$	$\ddot{a}_{(x)+2}$	$\ddot{a}_{(x)+3}$	$\ddot{a}_{(x)+4}$	$\ddot{a}_{(x)+5}$	$\ddot{a}_{(x)+6}$	$\ddot{a}_{(x)+7}$	$\ddot{a}_{(x)+8}$	$\ddot{a}_{(x)+9}$	$\ddot{a}_{(x)+10}$
57	20.703	20.562	20.427	19.081	18.520	17.958	17.396	16.834	16.273	15.715	15.161
58	20.144	19.991	19.843	18.520	17.958	17.396	16.834	16.273	15.715	15.161	14.610
59	19.585	19.419	19.259	17.958	17.396	16.834	16.273	15.715	15.161	14.610	14.062
60	19.024	18.846	18.674	17.396	16.834	16.273	15.715	15.161	14.610	14.062	13.517
61	18.463	18.273	18.089	16.834	16.273	15.715	15.161	14.610	14.062	13.517	12.973
62	17.901	17.700	17.504	16.273	15.715	15.161	14.610	14.062	13.517	12.973	12.434
63	17.339	17.126	16.920	15.715	15.161	14.610	14.062	13.517	12.973	12.434	11.900
64	16.777	16.555	16.339	15.161	14.610	14.062	13.517	12.973	12.434	11.900	11.372
65	16.217	15.985	15.762	14.610	14.062	13.517	12.973	12.434	11.900	11.372	10.853
66	15.659	15.420	15.189	14.062	13.517	12.973	12.434	11.900	11.372	10.853	10.339
67	15.105	14.858	14.619	13.517	12.973	12.434	11.900	11.372	10.853	10.339	9.832
68	14.554	14.299	14.050	12.973	12.434	11.900	11.372	10.853	10.339	9.832	9.334
69	14.006	13.742	13.485	12.434	11.900	11.372	10.853	10.339	9.832	9.334	8.847
70	13.461	13.188	12.924	11.900	11.372	10.853	10.339	9.832	9.334	8.847	8.372
71	12.918	12.638	12.367	11.372	10.853	10.339	9.832	9.334	8.847	8.372	7.907
72	12.379	12.093	11.818	10.853	10.339	9.832	9.334	8.847	8.372	7.907	7.452
73	11.844	11.555	11.277	10.339	9.832	9.334	8.847	8.372	7.907	7.452	7.010
74	11.317	11.024	10.742	9.832	9.334	8.847	8.372	7.907	7.452	7.010	6.583
75	10.798	10.500	10.215	9.334	8.847	8.372	7.907	7.452	7.010	6.583	6.172
76	10.284	9.984	9.697	8.847	8.372	7.907	7.452	7.010	6.583	6.172	5.783
77	9.778	9.476	9.190	8.372	7.907	7.452	7.010	6.583	6.172	5.783	5.413
78	9.280	8.979	8.695	7.907	7.452	7.010	6.583	6.172	5.783	5.413	5.063
79	8.794	8.494	8.210	7.452	7.010	6.583	6.172	5.783	5.413	5.063	4.732
80	8.319	8.020	7.737	7.010	6.583	6.172	5.783	5.413	5.063	4.732	4.421
81	7.854	7.555	7.277	6.583	6.172	5.783	5.413	5.063	4.732	4.421	4.129
82	7.400	7.105	6.833	6.172	5.783	5.413	5.063	4.732	4.421	4.129	3.855
83	6.959	6.670	6.405	5.783	5.413	5.063	4.732	4.421	4.129	3.855	3.600
84	6.533	6.251	6.000	5.413	5.063	4.732	4.421	4.129	3.855	3.600	3.364
85	6.122	5.854	5.615	5.063	4.732	4.421	4.129	3.855	3.600	3.364	3.144
86	5.734	5.477	5.250	4.732	4.421	4.129	3.855	3.600	3.364	3.144	2.942
87	5.365	5.121	4.906	4.421	4.129	3.855	3.600	3.364	3.144	2.942	2.756
88	5.016	4.784	4.582	4.129	3.855	3.600	3.364	3.144	2.942	2.756	2.586
89	4.686	4.466	4.277	3.855	3.600	3.364	3.144	2.942	2.756	2.586	2.432
90	4.376	4.169	3.993	3.600	3.364	3.144	2.942	2.756	2.586	2.432	2.292
91	4.085	3.890	3.728	3.364	3.144	2.942	2.756	2.586	2.432	2.292	2.159
92	3.813	3.631	3.481	3.144	2.942	2.756	2.586	2.432	2.292	2.159	2.030
93	3.560	3.390	3.253	2.942	2.756	2.586	2.432	2.292	2.159	2.030	1.907
94	3.324	3.167	3.042	2.756	2.586	2.432	2.292	2.159	2.030	1.907	1.790
95	3.106	2.962	2.849	2.586	2.432	2.292	2.159	2.030	1.907	1.790	1.677
96	2.906	2.773	2.672	2.432	2.292	2.159	2.030	1.907	1.790	1.677	1.569
97	2.721	2.600	2.511	2.292	2.159	2.030	1.907	1.790	1.677	1.569	1.466
98	2.553	2.443	2.366	2.159	2.030	1.907	1.790	1.677	1.569	1.466	1.367
99	2.400	2.302	2.227	2.030	1.907	1.790	1.677	1.569	1.466	1.367	1.273
100	2.261	2.166	2.093	1.907	1.790	1.677	1.569	1.466	1.367	1.273	1.183
101	2.129	2.036	1.965	1.790	1.677	1.569	1.466	1.367	1.273	1.183	1.098
102	2.002	1.911	1.842	1.677	1.569	1.466	1.367	1.273	1.183	1.098	1.016
103	1.881	1.792	1.725	1.569	1.466	1.367	1.273	1.183	1.098	1.016	0.938
104	1.764	1.678	1.613	1.466	1.367	1.273	1.183	1.098	1.016	0.938	0.864

Notes:
Source: Based on the 2009 United States Life Table for the Total Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation after year 2 = 2.0%

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**Appendix III – Pension Tables
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**Example - Fatal Claim – Other than Spouse
Usage of: Other than Surviving Spouse's Pension Table (Table IIE-398)**

Calculation of incurred loss to be reported when benefits are payable to a dependent other than a surviving spouse due to a fatal injury occurring after December 23, 1991.

Accident Date:	2/5/2013	Policy Effective Date:	1/1/2013
Date of Death:	2/5/2013	Dependent's Birthdate:	7/20/1979
Weekly Wages:	\$580		

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2014	7/2015	7/2016
2. Dependent's attained age at date of death	33	33	33
3. Duration since date of death (to nearest year), t.	1	2	3
4. Weekly Benefit Payable	\$80.00	\$80.00	\$82.00
5. Annual Benefit Payable [= (4) x 52]	\$4,160	\$4,160	\$4,264
Benefits for Dependent beyond the Valuation Date			
6. Factor from Table IIE-398	35.668	33.760	31.951
7. Present Value of Future Payment [= (5) x (6)]	\$148,379	\$140,442	\$136,240
Others			
8. Payment since Date of Death	\$5,920	\$10,080	\$14,322
9. Funeral Allowance, Maximum of \$4,000	\$1,500	\$1,500	\$1,500
10. Total Incurred Indemnity Loss [= (7) + (8) + (9)]	\$155,799	\$152,022	\$152,062

Notes:

- (4): The weekly benefit payment should not be more than two-thirds of the average weekly wage of the deceased employee or more than \$80 a week; provided, however, that if there is more than one such dependent, the total amount payable shall not exceed the weekly amount which is, or would be payable to a surviving spouse of the deceased employee. (M.G.L. c.152, Sec 31)

Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):

Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date of personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:

- The annual change in the Adjusted Benefit shall not exceed the minimum of:
 - The increase in the State Average Weekly Wage (SAWW)
 - The increase in the Northeastern region CPI for all urban consumers
 - 5%
- In no instance shall the adjusted benefit be greater than "three times the base benefit."

		<u>Benefit Reevaluation Date</u>
	2/5/2013	10/1/2015
<u>COLA Adjustment Factor</u>		1.0250
Adjusted Benefit	\$80.00	\$82.00
	<i>Base Benefit</i>	<i>1st Escalated Benefit</i>
Supplemental Benefit		\$2.00
Weekly Benefit	\$80.00	\$82.00*
(Base Benefit + Supplemental Benefit)		

Notes:

- * \$82.00 = \$80.00 x max(1.0250, 1.0), to a maximum of \$387 (2/3 average weekly wage of deceased employee)
 - If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
 - No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
 - For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.
- (6): 1st Report factor is from the 9/1/2011 Pension Table, 2nd Report factor is from the 4/1/2015 Pension Table, 3rd Report is from the 4/1/2015 Pension Table.

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Table IIIEM-398 – Male
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	$\bar{a}(x)$	$\bar{a}(x) + 1$	$\bar{a}(x) + 2$	$\bar{a}(x) + 3$	$\bar{a}(x) + 4$	$\bar{a}(x) + 5$	$\bar{a}(x) + 6$	$\bar{a}(x) + 7$	$\bar{a}(x) + 8$	$\bar{a}(x) + 9$	$\bar{a}(x) + 10$
0	40.239	41.252	41.741	39.736	39.344	38.942	38.534	38.118	37.695	37.264	36.825
1	40.530	40.993	41.461	39.457	39.057	38.650	38.235	37.814	37.385	36.948	36.503
2	40.273	40.715	41.166	39.165	38.760	38.347	37.927	37.500	37.065	36.622	36.173
3	39.996	40.422	40.859	38.865	38.453	38.035	37.609	37.176	36.735	36.288	35.838
4	39.706	40.117	40.542	38.554	38.138	37.713	37.281	36.842	36.396	35.948	35.500
5	39.403	39.802	40.215	38.234	37.811	37.381	36.943	36.499	36.052	35.606	35.166
6	39.090	39.478	39.877	37.904	37.475	37.038	36.596	36.150	35.705	35.268	34.835
7	38.768	39.143	39.530	37.564	37.128	36.687	36.243	35.800	35.363	34.932	34.505
8	38.437	38.798	39.171	37.213	36.773	36.330	35.888	35.453	35.023	34.598	34.177
9	38.095	38.443	38.802	36.854	36.412	35.971	35.537	35.109	34.685	34.265	33.849
10	37.742	38.077	38.424	36.489	36.049	35.616	35.189	34.766	34.348	33.933	33.522
11	37.380	37.702	38.039	36.121	35.690	35.264	34.842	34.425	34.012	33.602	33.197
12	37.009	37.321	37.653	35.758	35.333	34.913	34.497	34.085	33.676	33.272	32.871
13	36.632	36.938	37.271	35.398	34.978	34.563	34.152	33.745	33.342	32.942	32.543
14	36.252	36.560	36.891	35.039	34.625	34.215	33.808	33.407	33.008	32.610	32.207
15	35.878	36.184	36.513	34.681	34.272	33.867	33.466	33.069	32.671	32.269	31.860
16	35.506	35.810	36.137	34.325	33.920	33.520	33.124	32.728	32.327	31.919	31.503
17	35.135	35.438	35.762	33.969	33.570	33.174	32.779	32.379	31.972	31.557	31.135
18	34.767	35.066	35.388	33.615	33.220	32.826	32.426	32.020	31.606	31.185	30.756
19	34.399	34.696	35.016	33.262	32.868	32.469	32.064	31.651	31.230	30.802	30.369
20	34.033	34.327	34.644	32.905	32.508	32.103	31.690	31.270	30.844	30.411	29.973
21	33.668	33.960	34.270	32.542	32.138	31.726	31.306	30.880	30.448	30.011	29.568
22	33.305	33.589	33.888	32.168	31.757	31.338	30.913	30.481	30.044	29.603	29.156
23	32.939	33.212	33.496	31.785	31.366	30.941	30.510	30.074	29.633	29.186	28.735
24	32.565	32.824	33.093	31.391	30.966	30.535	30.100	29.659	29.213	28.762	28.305
25	32.183	32.427	32.680	30.987	30.557	30.122	29.681	29.236	28.785	28.329	27.866
26	31.790	32.019	32.257	30.576	30.141	29.701	29.255	28.805	28.349	27.887	27.417
27	31.388	31.602	31.826	30.156	29.717	29.272	28.822	28.366	27.904	27.435	26.960
28	30.977	31.177	31.387	29.730	29.286	28.836	28.380	27.919	27.450	26.975	26.494
29	30.559	30.745	30.941	29.297	28.847	28.392	27.930	27.462	26.987	26.507	26.020
30	30.133	30.305	30.487	28.856	28.401	27.940	27.472	26.997	26.517	26.031	25.540
31	29.701	29.859	30.027	28.409	27.947	27.479	27.005	26.525	26.039	25.548	25.053
32	29.262	29.407	29.560	27.953	27.485	27.011	26.531	26.045	25.554	25.059	24.559
33	28.817	28.947	29.084	27.490	27.016	26.535	26.050	25.559	25.064	24.564	24.061
34	28.366	28.480	28.600	27.019	26.539	26.053	25.563	25.068	24.568	24.065	23.559
35	27.907	28.005	28.109	26.541	26.056	25.566	25.070	24.571	24.068	23.562	23.054
36	27.441	27.523	27.612	26.058	25.567	25.072	24.572	24.069	23.564	23.057	22.547
37	26.968	27.035	27.108	25.569	25.074	24.574	24.071	23.565	23.058	22.548	22.036
38	26.489	26.540	26.598	25.074	24.575	24.072	23.566	23.059	22.549	22.036	21.522
39	26.004	26.041	26.083	24.575	24.072	23.567	23.059	22.550	22.037	21.522	21.007
40	25.514	25.536	25.563	24.073	23.567	23.060	22.550	22.037	21.523	21.007	20.492
41	25.020	25.026	25.040	23.567	23.060	22.550	22.038	21.523	21.007	20.492	19.978
42	24.520	24.513	24.514	23.060	22.551	22.038	21.523	21.007	20.492	19.978	19.465
43	24.017	23.998	23.986	22.551	22.038	21.523	21.007	20.492	19.978	19.465	18.953
44	23.512	23.480	23.455	22.038	21.523	21.008	20.492	19.978	19.465	18.953	18.440
45	23.004	22.960	22.922	21.523	21.008	20.492	19.978	19.465	18.953	18.440	17.926
46	22.495	22.437	22.386	21.008	20.492	19.978	19.465	18.953	18.440	17.926	17.412
47	21.982	21.912	21.849	20.492	19.978	19.465	18.953	18.440	17.926	17.412	16.897
48	21.467	21.386	21.313	19.978	19.465	18.953	18.440	17.926	17.412	16.897	16.382
49	20.952	20.860	20.777	19.465	18.953	18.440	17.926	17.412	16.897	16.382	15.867
50	20.437	20.335	20.244	18.953	18.440	17.926	17.412	16.897	16.382	15.867	15.351
51	19.922	19.812	19.710	18.440	17.926	17.412	16.897	16.382	15.867	15.351	14.834
52	19.410	19.290	19.176	17.926	17.412	16.897	16.382	15.867	15.351	14.834	14.316
53	18.898	18.766	18.641	17.412	16.897	16.382	15.867	15.351	14.834	14.316	13.798
54	18.385	18.242	18.106	16.897	16.382	15.867	15.351	14.834	14.316	13.798	13.280
55	17.871	17.717	17.570	16.382	15.867	15.351	14.834	14.316	13.798	13.280	12.766

**MASSACHUSETTS WORKERS' COMPENSATION
STATISTICAL PLAN**

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Appendix III – Pension Tables
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Table IIIEM-398 – Male
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	$\bar{a}(x)$	$\bar{a}(x+1)$	$\bar{a}(x+2)$	$\bar{a}(x+3)$	$\bar{a}(x+4)$	$\bar{a}(x+5)$	$\bar{a}(x+6)$	$\bar{a}(x+7)$	$\bar{a}(x+8)$	$\bar{a}(x+9)$	$\bar{a}(x+10)$
56	17.357	17.192	17.034	15.867	15.351	14.834	14.316	13.798	13.280	12.766	12.257
57	16.842	16.667	16.498	15.351	14.834	14.316	13.798	13.280	12.766	12.257	11.754
58	16.327	16.141	15.961	14.834	14.316	13.798	13.280	12.766	12.257	11.754	11.258
59	15.812	15.615	15.423	14.316	13.798	13.280	12.766	12.257	11.754	11.258	10.766
60	15.296	15.087	14.883	13.798	13.280	12.766	12.257	11.754	11.258	10.766	10.277
61	14.779	14.559	14.343	13.280	12.766	12.257	11.754	11.258	10.766	10.277	9.791
62	14.262	14.030	13.805	12.766	12.257	11.754	11.258	10.766	10.277	9.791	9.309
63	13.743	13.502	13.270	12.257	11.754	11.258	10.766	10.277	9.791	9.309	8.834
64	13.226	12.978	12.739	11.754	11.258	10.766	10.277	9.791	9.309	8.834	8.368
65	12.712	12.458	12.216	11.258	10.766	10.277	9.791	9.309	8.834	8.368	7.912
66	12.202	11.945	11.700	10.766	10.277	9.791	9.309	8.834	8.368	7.912	7.465
67	11.700	11.439	11.188	10.277	9.791	9.309	8.834	8.368	7.912	7.465	7.028
68	11.204	10.938	10.679	9.791	9.309	8.834	8.368	7.912	7.465	7.028	6.603
69	10.713	10.439	10.173	9.309	8.834	8.368	7.912	7.465	7.028	6.603	6.192
70	10.224	9.943	9.671	8.834	8.368	7.912	7.465	7.028	6.603	6.192	5.793
71	9.738	9.451	9.176	8.368	7.912	7.465	7.028	6.603	6.192	5.793	5.407
72	9.256	8.966	8.691	7.912	7.465	7.028	6.603	6.192	5.793	5.407	5.034
73	8.781	8.491	8.217	7.465	7.028	6.603	6.192	5.793	5.407	5.034	4.672
74	8.316	8.026	7.751	7.028	6.603	6.192	5.793	5.407	5.034	4.672	4.325
75	7.861	7.570	7.297	6.603	6.192	5.793	5.407	5.034	4.672	4.325	3.993
76	7.414	7.125	6.854	6.192	5.793	5.407	5.034	4.672	4.325	3.993	3.691
77	6.978	6.692	6.426	5.793	5.407	5.034	4.672	4.325	3.993	3.691	3.409
78	6.554	6.272	6.011	5.407	5.034	4.672	4.325	3.993	3.691	3.409	3.148
79	6.143	5.865	5.609	5.034	4.672	4.325	3.993	3.691	3.409	3.148	2.910
80	5.745	5.472	5.220	4.672	4.325	3.993	3.691	3.409	3.148	2.910	2.688
81	5.360	5.091	4.843	4.325	3.993	3.691	3.409	3.148	2.910	2.688	2.483
82	4.987	4.722	4.483	3.993	3.691	3.409	3.148	2.910	2.688	2.483	2.294
83	4.626	4.370	4.136	3.691	3.409	3.148	2.910	2.688	2.483	2.294	2.120
84	4.281	4.031	3.823	3.409	3.148	2.910	2.688	2.483	2.294	2.120	1.960
85	3.950	3.724	3.529	3.148	2.910	2.688	2.483	2.294	2.120	1.960	1.814
86	3.650	3.437	3.258	2.910	2.688	2.483	2.294	2.120	1.960	1.814	1.681
87	3.369	3.172	3.009	2.688	2.483	2.294	2.120	1.960	1.814	1.681	1.560
88	3.110	2.929	2.778	2.483	2.294	2.120	1.960	1.814	1.681	1.560	1.451
89	2.873	2.704	2.565	2.294	2.120	1.960	1.814	1.681	1.560	1.451	1.355
90	2.653	2.495	2.368	2.120	1.960	1.814	1.681	1.560	1.451	1.355	1.271
91	2.450	2.303	2.187	1.960	1.814	1.681	1.560	1.451	1.355	1.271	1.192
92	2.263	2.127	2.020	1.814	1.681	1.560	1.451	1.355	1.271	1.192	1.115
93	2.090	1.965	1.868	1.681	1.560	1.451	1.355	1.271	1.192	1.115	1.042
94	1.933	1.817	1.730	1.560	1.451	1.355	1.271	1.192	1.115	1.042	0.971
95	1.788	1.682	1.604	1.451	1.355	1.271	1.192	1.115	1.042	0.971	0.904
96	1.657	1.560	1.491	1.355	1.271	1.192	1.115	1.042	0.971	0.904	0.840
97	1.538	1.450	1.390	1.271	1.192	1.115	1.042	0.971	0.904	0.840	0.780
98	1.431	1.353	1.303	1.192	1.115	1.042	0.971	0.904	0.840	0.780	0.726
99	1.336	1.269	1.220	1.115	1.042	0.971	0.904	0.840	0.780	0.726	0.697
100	1.254	1.189	1.141	1.042	0.971	0.904	0.840	0.780	0.726	0.697	0.675
101	1.176	1.112	1.064	0.971	0.904	0.840	0.780	0.726	0.697	0.675	0.652
102	1.101	1.038	0.991	0.904	0.840	0.780	0.726	0.697	0.675	0.652	0.629
103	1.029	0.968	0.921	0.840	0.780	0.726	0.697	0.675	0.652	0.629	0.607
104	0.960	0.900	0.854	0.780	0.726	0.697	0.675	0.652	0.629	0.607	0.584

Notes:

Source: Based on the 2009 United States Life Table for the Male Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation after year 2 = 2.0%

Annuity Values reduced by 2.4% to reflect the expected offset of Massachusetts benefits by Social Security benefits.

**MASSACHUSETTS WORKERS' COMPENSATION
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Appendix III – Pension Tables
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Table IIIEF-398 – Female
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	\bar{a} (x) + 6	\bar{a} (x) + 7	\bar{a} (x) + 8	\bar{a} (x) + 9	\bar{a} (x)+10
0	42.204	43.200	43.753	41.693	41.326	40.951	40.569	40.181	39.786	39.384	38.976
1	42.463	42.989	43.522	41.463	41.090	40.710	40.324	39.931	39.531	39.126	38.714
2	42.252	42.759	43.279	41.223	40.845	40.460	40.070	39.672	39.268	38.859	38.443
3	42.023	42.517	43.025	40.974	40.591	40.202	39.807	39.405	38.997	38.584	38.166
4	41.782	42.264	42.763	40.717	40.329	39.936	39.536	39.130	38.719	38.303	37.884
5	41.531	42.003	42.490	40.450	40.059	39.661	39.257	38.847	38.433	38.016	37.597
6	41.271	41.732	42.209	40.176	39.779	39.377	38.969	38.557	38.142	37.725	37.306
7	41.001	41.453	41.919	39.892	39.492	39.086	38.675	38.262	37.846	37.429	37.011
8	40.723	41.164	41.620	39.601	39.196	38.787	38.375	37.962	37.547	37.129	36.710
9	40.436	40.867	41.312	39.301	38.893	38.483	38.071	37.657	37.242	36.824	36.402
10	40.141	40.560	40.995	38.994	38.585	38.174	37.762	37.348	36.932	36.512	36.088
11	39.836	40.246	40.671	38.680	38.271	37.861	37.449	37.034	36.615	36.193	35.766
12	39.524	39.924	40.340	38.363	37.954	37.543	37.129	36.712	36.291	35.866	35.436
13	39.204	39.595	40.005	38.041	37.631	37.219	36.803	36.384	35.960	35.532	35.099
14	38.878	39.262	39.666	37.714	37.303	36.889	36.470	36.048	35.621	35.190	34.754
15	38.547	38.925	39.321	37.381	36.968	36.551	36.130	35.704	35.274	34.840	34.401
16	38.212	38.582	38.970	37.042	36.626	36.206	35.781	35.353	34.920	34.482	34.040
17	37.872	38.234	38.612	36.695	36.276	35.853	35.425	34.993	34.557	34.116	33.671
18	37.527	37.879	38.246	36.341	35.919	35.492	35.061	34.626	34.186	33.742	33.293
19	37.174	37.516	37.873	35.979	35.554	35.124	34.689	34.250	33.807	33.359	32.907
20	36.815	37.146	37.492	35.610	35.180	34.747	34.309	33.867	33.420	32.969	32.513
21	36.448	36.768	37.103	35.232	34.799	34.362	33.921	33.475	33.025	32.570	32.111
22	36.073	36.383	36.705	34.847	34.410	33.970	33.525	33.075	32.621	32.163	31.701
23	35.691	35.989	36.300	34.454	34.014	33.569	33.120	32.667	32.210	31.748	31.283
24	35.302	35.587	35.886	34.053	33.609	33.161	32.708	32.251	31.791	31.326	30.857
25	34.904	35.178	35.465	33.644	33.196	32.744	32.288	31.828	31.364	30.895	30.422
26	34.500	34.761	35.036	33.228	32.776	32.320	31.861	31.397	30.929	30.457	29.979
27	34.087	34.337	34.599	32.804	32.348	31.889	31.426	30.959	30.486	30.009	29.527
28	33.668	33.905	34.154	32.373	31.914	31.451	30.984	30.512	30.035	29.553	29.066
29	33.242	33.466	33.701	31.935	31.472	31.006	30.534	30.057	29.576	29.089	28.598
30	32.808	33.020	33.242	31.490	31.024	30.552	30.076	29.595	29.109	28.618	28.123
31	32.368	32.567	32.776	31.038	30.568	30.091	29.610	29.124	28.634	28.140	27.641
32	31.922	32.108	32.304	30.580	30.104	29.623	29.137	28.647	28.153	27.655	27.152
33	31.470	31.642	31.824	30.114	29.633	29.148	28.658	28.164	27.666	27.163	26.657
34	31.012	31.170	31.337	29.641	29.156	28.666	28.172	27.674	27.172	26.666	26.158
35	30.547	30.691	30.843	29.162	28.672	28.179	27.681	27.179	26.673	26.165	25.654
36	30.076	30.205	30.343	28.677	28.184	27.686	27.184	26.678	26.170	25.659	25.145
37	29.599	29.714	29.837	28.187	27.689	27.187	26.682	26.174	25.663	25.149	24.631
38	29.116	29.217	29.326	27.692	27.190	26.684	26.176	25.665	25.152	24.634	24.112
39	28.629	28.715	28.809	27.192	26.686	26.178	25.667	25.154	24.636	24.114	23.589
40	28.136	28.209	28.288	26.688	26.179	25.669	25.155	24.637	24.116	23.590	23.062
41	27.639	27.697	27.763	26.180	25.669	25.156	24.638	24.116	23.591	23.062	22.531
42	27.138	27.182	27.234	25.670	25.156	24.638	24.117	23.592	23.063	22.532	21.998
43	26.633	26.664	26.703	25.156	24.639	24.117	23.592	23.063	22.532	21.998	21.461
44	26.125	26.143	26.168	24.639	24.117	23.592	23.064	22.532	21.998	21.461	20.919
45	25.614	25.619	25.629	24.117	23.592	23.064	22.532	21.998	21.461	20.919	20.372
46	25.101	25.091	25.087	23.592	23.064	22.532	21.998	21.461	20.919	20.372	19.821
47	24.583	24.559	24.540	23.064	22.532	21.998	21.461	20.919	20.372	19.821	19.265
48	24.062	24.023	23.989	22.532	21.998	21.461	20.919	20.372	19.821	19.265	18.706
49	23.536	23.483	23.436	21.998	21.461	20.919	20.372	19.821	19.265	18.706	18.145
50	23.008	22.941	22.881	21.461	20.919	20.372	19.821	19.265	18.706	18.145	17.584
51	22.476	22.397	22.321	20.919	20.372	19.821	19.265	18.706	18.145	17.584	17.023
52	21.943	21.848	21.757	20.372	19.821	19.265	18.706	18.145	17.584	17.023	16.462
53	21.405	21.296	21.188	19.821	19.265	18.706	18.145	17.584	17.023	16.462	15.900
54	20.863	20.738	20.614	19.265	18.706	18.145	17.584	17.023	16.462	15.900	15.338
55	20.317	20.175	20.035	18.706	18.145	17.584	17.023	16.462	15.900	15.338	14.778

**MASSACHUSETTS WORKERS' COMPENSATION
STATISTICAL PLAN**

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Appendix III – Pension Tables
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Table IIIEF-398 – Female
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	\bar{a} (x) + 6	\bar{a} (x) + 7	\bar{a} (x) + 8	\bar{a} (x) + 9	\bar{a} (x) + 10
56	19.765	19.608	19.453	18.145	17.584	17.023	16.462	15.900	15.338	14.778	14.219
57	19.209	19.037	18.869	17.584	17.023	16.462	15.900	15.338	14.778	14.219	13.665
58	18.650	18.465	18.285	17.023	16.462	15.900	15.338	14.778	14.219	13.665	13.116
59	18.090	17.893	17.701	16.462	15.900	15.338	14.778	14.219	13.665	13.116	12.569
60	17.529	17.320	17.117	15.900	15.338	14.778	14.219	13.665	13.116	12.569	12.026
61	16.967	16.748	16.532	15.338	14.778	14.219	13.665	13.116	12.569	12.026	11.485
62	16.406	16.174	15.947	14.778	14.219	13.665	13.116	12.569	12.026	11.485	10.951
63	15.844	15.601	15.364	14.219	13.665	13.116	12.569	12.026	11.485	10.951	10.423
64	15.283	15.030	14.782	13.665	13.116	12.569	12.026	11.485	10.951	10.423	9.902
65	14.722	14.460	14.206	13.116	12.569	12.026	11.485	10.951	10.423	9.902	9.391
66	14.164	13.895	13.634	12.569	12.026	11.485	10.951	10.423	9.902	9.391	8.888
67	13.611	13.334	13.065	12.026	11.485	10.951	10.423	9.902	9.391	8.888	8.393
68	13.061	12.777	12.499	11.485	10.951	10.423	9.902	9.391	8.888	8.393	7.908
69	12.515	12.222	11.936	10.951	10.423	9.902	9.391	8.888	8.393	7.908	7.435
70	11.971	11.671	11.380	10.423	9.902	9.391	8.888	8.393	7.908	7.435	6.975
71	11.431	11.126	10.830	9.902	9.391	8.888	8.393	7.908	7.435	6.975	6.526
72	10.897	10.587	10.288	9.391	8.888	8.393	7.908	7.435	6.975	6.526	6.088
73	10.369	10.056	9.756	8.888	8.393	7.908	7.435	6.975	6.526	6.088	5.664
74	9.849	9.535	9.232	8.393	7.908	7.435	6.975	6.526	6.088	5.664	5.258
75	9.338	9.021	8.717	7.908	7.435	6.975	6.526	6.088	5.664	5.258	4.870
76	8.835	8.516	8.212	7.435	6.975	6.526	6.088	5.664	5.258	4.870	4.503
77	8.341	8.021	7.719	6.975	6.526	6.088	5.664	5.258	4.870	4.503	4.160
78	7.856	7.539	7.241	6.526	6.088	5.664	5.258	4.870	4.503	4.160	3.840
79	7.383	7.070	6.774	6.088	5.664	5.258	4.870	4.503	4.160	3.840	3.544
80	6.924	6.613	6.318	5.664	5.258	4.870	4.503	4.160	3.840	3.544	3.268
81	6.476	6.166	5.876	5.258	4.870	4.503	4.160	3.840	3.544	3.268	3.011
82	6.039	5.733	5.454	4.870	4.503	4.160	3.840	3.544	3.268	3.011	2.773
83	5.615	5.320	5.050	4.503	4.160	3.840	3.544	3.268	3.011	2.773	2.553
84	5.211	4.925	4.668	4.160	3.840	3.544	3.268	3.011	2.773	2.553	2.350
85	4.824	4.551	4.311	3.840	3.544	3.268	3.011	2.773	2.553	2.350	2.165
86	4.458	4.201	3.978	3.544	3.268	3.011	2.773	2.553	2.350	2.165	1.996
87	4.116	3.876	3.670	3.268	3.011	2.773	2.553	2.350	2.165	1.996	1.842
88	3.798	3.575	3.382	3.011	2.773	2.553	2.350	2.165	1.996	1.842	1.704
89	3.504	3.293	3.115	2.773	2.553	2.350	2.165	1.996	1.842	1.704	1.583
90	3.229	3.032	2.867	2.553	2.350	2.165	1.996	1.842	1.704	1.583	1.480
91	2.974	2.790	2.638	2.350	2.165	1.996	1.842	1.704	1.583	1.480	1.381
92	2.737	2.566	2.427	2.165	1.996	1.842	1.704	1.583	1.480	1.381	1.287
93	2.519	2.361	2.234	1.996	1.842	1.704	1.583	1.480	1.381	1.287	1.198
94	2.319	2.172	2.057	1.842	1.704	1.583	1.480	1.381	1.287	1.198	1.112
95	2.135	2.001	1.898	1.704	1.583	1.480	1.381	1.287	1.198	1.112	1.030
96	1.968	1.845	1.754	1.583	1.480	1.381	1.287	1.198	1.112	1.030	0.953
97	1.816	1.706	1.627	1.480	1.381	1.287	1.198	1.112	1.030	0.953	0.879
98	1.680	1.583	1.520	1.381	1.287	1.198	1.112	1.030	0.953	0.879	0.810
99	1.560	1.479	1.418	1.287	1.198	1.112	1.030	0.953	0.879	0.810	0.752
100	1.459	1.380	1.320	1.198	1.112	1.030	0.953	0.879	0.810	0.752	0.729
101	1.362	1.285	1.227	1.112	1.030	0.953	0.879	0.810	0.752	0.729	0.705
102	1.270	1.195	1.138	1.030	0.953	0.879	0.810	0.752	0.729	0.705	0.680
103	1.182	1.109	1.053	0.953	0.879	0.810	0.752	0.729	0.705	0.680	0.656
104	1.098	1.027	0.972	0.879	0.810	0.752	0.729	0.705	0.680	0.656	0.630

Notes:

Source: based on the 2009 United States Life Table for the Female Population

Annual Rate of Interest = 3.5%

Annual Rate of Escalation after year 2 = 2.0%

Annuity Values reduced by 2.4% to reflect the expected offset of Massachusetts benefits by Social Security benefits.

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**Appendix III – Pension Tables
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**Example – Permanent Total Claim – Male Worker
Usage of: Permanent Total Claimant's Pension Table (Table IIEM-398)**

Calculation of incurred loss to be reported when benefits are payable to an injured male worker for life, due to a permanent total Injury occurring after December 23, 1991.

Accident Date:	2/5/2013	Policy Effective Date:	1/1/2013
Weekly Wages:	\$580	Injured Worker's Birthdate:	2/18/1976
		Spouse's Birthdate:	7/20/1979

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2014	7/2015	7/2016
2. Injured worker's attained age at accident date	36	36	36
3. Spouse's attained age at accident date	33	33	33
4. Duration since accident date (to nearest year), t.	1	2	3
5. Weekly Benefit Payable	\$386.67	\$386.67	\$396.34
6. Annual Benefit Payable [= (5) x 52]	\$20,107	\$20,107	\$20,610
Benefits for Injured Worker beyond the Valuation Date			
7. Factor from Table IIEM-398	28.986	27.612	26.058
8. Factor from Table IE-398	27.526	26.593	25.823
9. Maximum of [= (7), [2 x (7) + (8)]/3], if (8) is n/a then (9) = (7)	28.986	27.612	26.058
10. Present Value of Future Payment [= (6) x (9)]	\$582,817	\$555,183	\$537,038
Others			
11. Payment since Accident Date	\$28,614	\$48,720	\$127,601
12. Total Incurred Indemnity Loss [= (10) + (11)]	\$611,430	\$603,904	\$664,639

Notes:

- (5): The weekly benefit payment is equal to two-thirds of the average weekly wage.

Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):

Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date of personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:

- The annual change in the Adjusted Benefit shall not exceed the minimum of:
 - The increase in the State Average Weekly Wage (SAWW)
 - The increase in the Northeastern region CPI for all urban consumers
 - 5%
- In no instance shall the adjusted benefit be greater than "three times the base benefit."

	2/5/2013	Benefit Reevaluation Date
COLA Adjustment Factor		10/1/2015 1.0250
Adjusted Benefit	\$386.67	\$396.34
	<i>Base Benefit</i>	<i>1st Escalated Benefit</i>
Supplemental Benefit		\$9.67
Weekly Benefit (Base Benefit + Supplemental Benefit)	\$386.67	\$396.34*

Notes:

- *ex. \$396.34 = \$386.67 x max(1.0250, 1.0), to a maximum of \$1160 (3 times the \$386.67 base benefit)
- If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
- No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
- For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.
- (7), (8): 1st Report factor is from the 9/1/2011 Pension Table, 2nd Report factor is from the 4/1/2015 Pension Table, 3rd Report is from the 4/1/2015 Pension Table.

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Table UI - USLH
Pension Table - Surviving Spouse
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Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
16	26.047	27.027	29.921	31.560	32.873	34.031	21
17	26.221	27.215	30.137	31.796	33.127	34.302	22
18	26.402	27.411	30.362	32.041	33.390	34.584	23
19	26.591	27.615	30.596	32.296	33.664	34.876	24
20	26.787	27.826	30.838	32.561	33.949	35.180	25
21	27.222	28.214	31.192	32.880	34.263	35.496	26
22	27.697	28.611	31.531	33.175	34.553	35.791	27
23	28.196	29.012	31.855	33.437	34.813	36.059	28
24	28.701	29.435	32.202	33.749	35.087	36.296	29
25	29.193	29.847	32.534	34.060	35.350	36.507	30
26	29.659	30.227	32.827	34.337	35.588	36.700	31
27	30.098	30.567	33.074	34.567	35.796	36.883	32
28	30.516	30.875	33.282	34.753	35.978	37.059	33
29	30.929	31.171	33.477	34.919	36.146	37.232	34
30	31.360	31.487	33.692	35.100	36.319	37.400	35
31	31.834	31.861	33.968	35.340	36.517	37.556	36
32	32.372	32.323	34.341	35.674	36.751	37.688	37
33	33.021	32.926	34.814	36.106	37.016	37.779	38
34	33.732	33.615	35.355	36.598	37.281	37.809	39
35	34.440	34.312	35.886	37.063	37.491	37.761	40
36	35.063	34.909	36.301	37.386	37.580	37.621	41
37	35.541	35.329	36.528	37.490	37.508	37.385	42
38	35.819	35.510	36.511	37.316	37.228	37.053	43
39	35.957	35.520	36.323	36.949	36.815	36.630	44
40	35.974	35.404	36.012	36.450	36.311	36.120	45
41	35.902	35.208	35.624	35.881	35.730	35.529	46
42	35.740	34.974	35.204	35.299	35.107	34.865	47
43	35.525	34.737	34.785	34.743	34.474	34.140	48
44	35.274	34.480	34.354	34.193	33.826	33.363	49
45	34.976	34.173	33.887	33.626	33.149	32.545	50
46	34.593	33.779	33.354	33.000	32.424	31.696	51
47	34.098	33.272	32.732	32.293	31.639	30.826	52
48	33.467	32.625	31.997	31.478	30.769	29.943	53
49	32.781	31.915	31.225	30.633	29.889	29.054	54
50	32.048	31.157	30.424	29.771	29.005	28.167	55
51	31.272	30.365	29.604	28.902	28.125	27.287	56
52	30.458	29.549	28.771	28.034	27.250	26.418	57
53	29.615	28.708	27.928	27.171	26.385	25.559	58
54	28.761	27.859	27.080	26.314	25.531	24.711	59
55	27.901	27.007	26.232	25.464	24.685	23.872	60
56	27.043	26.157	25.387	24.621	23.848	23.044	61
57	26.191	25.314	24.550	23.787	23.022	22.227	62
58	25.346	24.478	23.719	22.962	22.205	21.420	63

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Pension Table - Surviving Spouse
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Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
59	24.507	23.648	22.897	22.147	21.398	20.625	64
60	23.676	22.827	22.086	21.342	20.602	19.839	65
61	22.856	22.019	21.286	20.548	19.815	19.063	66
62	22.049	21.223	20.498	19.767	19.038	18.295	67
63	21.261	20.443	19.723	18.997	18.272	17.537	68
64	20.488	19.676	18.959	18.237	17.516	16.788	69
65	19.722	18.918	18.203	17.486	16.770	16.049	70
66	18.956	18.161	17.454	16.743	16.033	15.319	71
67	18.204	17.421	16.713	16.009	15.304	14.598	72
68	17.453	16.683	15.981	15.283	14.584	13.887	73
69	16.711	15.957	15.259	14.567	13.876	13.191	74
70	15.980	15.240	14.547	13.861	13.181	12.511	75
71	15.259	14.532	13.846	13.170	12.503	11.847	76
72	14.547	13.833	13.157	12.494	11.841	11.199	77
73	13.844	13.147	12.484	11.834	11.194	10.567	78
74	13.155	12.475	11.826	11.189	10.563	9.954	79
75	12.480	11.817	11.181	10.559	9.950	9.362	80
76	11.821	11.173	10.552	9.947	9.359	8.792	81
77	11.177	10.545	9.941	9.356	8.791	8.247	82
78	10.548	9.935	9.351	8.788	8.246	7.728	83
79	9.937	9.346	8.784	8.243	7.727	7.240	84
80	9.349	8.780	8.240	7.725	7.239	6.784	85
81	8.783	8.238	7.723	7.237	6.783	6.354	86
82	8.241	7.723	7.236	6.782	6.354	5.951	87
83	7.725	7.236	6.782	6.353	5.951	5.573	88
84	7.238	6.782	6.353	5.950	5.573	5.219	89
85	6.782	6.353	5.950	5.573	5.219	4.889	90
86	6.353	5.950	5.572	5.219	4.889	4.580	91
87	5.950	5.572	5.219	4.889	4.580	4.293	92
88	5.572	5.218	4.888	4.580	4.293	4.025	93
89	5.218	4.888	4.580	4.292	4.025	3.775	94
90	4.888	4.580	4.292	4.024	3.774	3.541	95
91	4.580	4.292	4.024	3.774	3.541	3.322	96
92	4.292	4.024	3.774	3.541	3.322	3.116	97
93	4.024	3.774	3.540	3.322	3.116	2.920	98
94	3.774	3.540	3.322	3.116	2.919	2.730	99
95	3.540	3.322	3.116	2.919	2.730	2.542	100
96	3.322	3.116	2.919	2.729	2.542	2.387	101
97	3.116	2.919	2.729	2.541	2.387	2.240	102
98	2.919	2.729	2.541	2.387	2.240	2.093	103
99	2.729	2.541	2.387	2.240	2.093	1.951	104
100	2.541	2.387	2.239	2.093	1.951	1.812	105
101	2.387	2.240	2.093	1.951	1.812	1.662	106

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Pension Table - Surviving Spouse
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Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
102	2.240	2.093	1.951	1.812	1.662	1.487	107
103	2.093	1.951	1.812	1.662	1.487	1.275	108
104	1.951	1.812	1.662	1.487	1.275	0.964	109
105	1.812	1.662	1.487	1.275	0.964	0.500	110
106	1.662	1.487	1.275	0.964	0.500	0.000	111
107	1.487	1.275	0.964	0.500	0.000	0.000	112
108	1.275	0.964	0.500	0.000	0.000	0.000	113
109	0.964	0.500	0.000	0.000	0.000	0.000	114
110	0.500	0.000	0.000	0.000	0.000	0.000	115

Notes:

1999 United States Life Table for the Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x + 5) corresponding to the beneficiary's attained age.

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Table UII - USLH
Present Value of Remarriage Dowry
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	21
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	22
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	23
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	24
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	25
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	26
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	27
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	28
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	29
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	30
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	31
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	32
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	33
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	34
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	35
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	36
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	37
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	38
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	39
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	40
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	41
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	42
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	43
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	44
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	45
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	46
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	47
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	48
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	49
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	50
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	51
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	52
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	53
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	54
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	55
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	56
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	57

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Table UII - USLH
Present Value of Remarriage Dowry
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Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	58
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	59
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	60
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	61
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	62
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	63
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	64
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	65
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	66
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	67
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	68
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	69
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	70
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	71
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	72
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	73
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	74
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	75
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	76
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	77
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	78
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	79
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	80
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	81
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	82
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	83
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	84
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	85
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	86
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	87
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	88
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	89
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	90
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	91
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	92
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	93
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	94
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	95

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Table UII - USLH
Present Value of Remarriage Dowry
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	\bar{a} (x)	\bar{a} (x) + 1	\bar{a} (x) + 2	\bar{a} (x) + 3	\bar{a} (x) + 4	\bar{a} (x) + 5	Attained Age (x + 5)
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	96
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	97
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	98
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	99
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	100
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	101
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	102
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	103
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	104
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	105
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	106
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	107
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	108
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	109
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	110

Notes:

1999 United States Life Table for the Female Population

1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x + 5) corresponding to the beneficiary's attained age.

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Example - Fatal Claim – USL&H

Usage of: Surviving Spouse's Pension Table (Table UI-USLH) & Remarriage Dowry (Table UII-USLH)

Calculation of incurred loss to be reported when benefits are payable to a surviving spouse until death or remarriage, due to a fatal injury occurring after December 23, 1991.

Accident Date	9/16/1997	Policy Effective Date:	1/1/1997
Date of Death:	9/16/1997	Spouse's Birthdate:	2/18/1965
Weekly Wages:	\$500		

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/1998	7/1999	7/2000
2. Spouse's nearest accident date	33	33	33
3. Duration since date of death (to nearest year), t.	0	1	2
4. Weekly Benefit Payable [50% x Weekly Wages x Escalation]	\$260.00	\$270.00	\$281.00
5. Annual Benefit Payable [= (4) x 52]	\$13,520	\$14,040	\$14,612
6. Factor from Table UI-USLH	33.021	32.926	34.814
7. Present Value of Future Payment [= (5) x (6)]	\$446,444	\$462,281	\$508,702
Others			
8. Two Year Remarriage Payment [= (5) x (2)]	\$27,040	\$28,080	\$29,224
9. Factor from Table UII-USLH	0.4617	0.4427	0.3890
10. Present Value of Future Remarriage Payment [= (8) x (9)]	\$12,484	\$12,431	\$11,368
11. Payment since Date of Death	\$10,510	\$24,290	\$38,632
12. Funeral Allowance	\$2,000	\$2,000	\$2,000
13. Total Incurred Indemnity Loss [= (7) + (10) + (11) + (12)]	\$471,438	\$501,002	\$560,702

Note:

- Escalation Rate = 0.04

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Table UIIIM - USLH

Male – Pension Table Other than Surviving Spouse
(for Claims Incurred Under USL&HW Act)

11	75.314	40	40.351	69	14.047	98	2.568
12	73.964	41	39.262	70	13.387	99	2.419
13	72.624	42	38.184	71	12.747	100	2.268
14	71.301	43	37.115	72	12.123		
15	69.995	44	36.059	73	11.516		
16	68.708	45	35.013	74	10.926		
17	67.438	46	33.981	75	10.353		
18	66.183	47	32.961	76	9.796		
19	64.940	48	31.954	77	9.253		
20	63.706	49	30.957	78	8.724		
21	62.482	50	29.971	79	8.211		
22	61.268	51	28.995	80	7.718		
23	60.061	52	28.030	81	7.249		
24	58.860	53	27.076	82	6.806		
25	57.661	54	26.136	83	6.392		
26	56.465	55	25.211	84	6.003		
27	55.273	56	24.303	85	5.635		
28	54.083	57	23.412	86	5.290		
29	52.900	58	22.538	87	4.968		
30	51.722	59	21.681	88	4.666		
31	50.551	60	20.840	89	4.385		
32	49.387	61	20.014	90	4.122		
33	48.229	62	19.205	91	3.878		
34	47.080	63	18.414	92	3.651		
35	45.937	64	17.641	93	3.439		
36	44.803	65	16.887	94	3.242		
37	43.677	66	16.150	95	3.058		
38	42.559	67	15.430	96	2.885		
39	41.450	68	14.728	97	2.723		

Notes:
1999 United States Life Table for the Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

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Table UIIF - USLH
Female – Pension Table Other than Surviving Spouse
(for Claims Incurred Under USL&HW Act)

Age	\bar{a}	Age	\bar{a}	Age	\bar{a}	Age	\bar{a}
11	82.580	40	45.719	69	16.950	98	2.916
12	81.196	41	44.566	70	16.176	99	2.725
13	79.819	42	43.423	71	15.418	100	2.535
14	78.453	43	42.289	72	14.675		
15	77.098	44	41.164	73	13.948		
16	75.755	45	40.048	74	13.239		
17	74.422	46	38.942	75	12.549		
18	73.099	47	37.845	76	11.877		
19	71.783	48	36.760	77	11.222		
20	70.474	49	35.684	78	10.585		
21	69.170	50	34.619	79	9.967		
22	67.871	51	33.564	80	9.372		
23	66.580	52	32.521	81	8.800		
24	65.294	53	31.490	82	8.252		
25	64.015	54	30.470	83	7.733		
26	62.742	55	29.464	84	7.243		
27	61.476	56	28.472	85	6.786		
28	60.217	57	27.495	86	6.356		
29	58.965	58	26.533	87	5.952		
30	57.720	59	25.585	88	5.574		
31	56.482	60	24.651	89	5.220		
32	55.251	61	23.732	90	4.889		
33	54.029	62	22.829	91	4.580		
34	52.815	63	21.942	92	4.292		
35	51.611	64	21.071	93	4.024		
36	50.415	65	20.216	94	3.774		
37	49.228	66	19.376	95	3.539		
38	48.049	67	18.551	96	3.320		
39	46.880	68	17.742	97	3.113		

Notes:
1999 United States Life Table for the Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

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Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

Claimant's Age	-5	-4	-3	-2	-1	-0
16						10.877
17					11.497	10.819
18				12.138	11.436	10.761
19			12.798	12.073	11.374	10.701
20		13.477	12.730	12.008	11.312	10.641
21	14.172	13.406	12.663	11.943	11.249	10.581
22	14.098	13.336	12.595	11.878	11.186	10.519
23	14.025	13.265	12.527	11.812	11.122	10.457
24	13.952	13.195	12.458	11.745	11.057	10.395
25	13.879	13.124	12.390	11.679	10.993	10.332
26	13.806	13.053	12.321	11.612	10.928	10.269
27	13.733	12.983	12.253	11.546	10.864	10.207
28	13.660	12.912	12.184	11.479	10.799	10.144
29	13.587	12.840	12.115	11.412	10.734	10.081
30	13.512	12.768	12.045	11.344	10.669	10.018
31	13.438	12.696	11.974	11.276	10.602	9.953
32	13.362	12.622	11.903	11.207	10.535	9.888
33	13.285	12.548	11.831	11.136	10.466	9.821
34	13.208	12.472	11.757	11.064	10.396	9.752
35	13.128	12.395	11.682	10.991	10.324	9.682
36	13.048	12.316	11.604	10.915	10.250	9.609
37	12.965	12.235	11.525	10.837	10.174	9.534
38	12.881	12.152	11.444	10.757	10.095	9.457
39	12.794	12.066	11.359	10.674	10.014	9.378
40	12.704	11.978	11.272	10.589	9.930	9.296
41	12.611	11.886	11.181	10.500	9.843	9.211
42	12.514	11.791	11.088	10.408	9.753	9.123
43	12.414	11.692	10.991	10.313	9.660	9.032
44	12.310	11.590	10.891	10.215	9.564	8.938
45	12.202	11.484	10.787	10.113	9.465	8.841
46	12.090	11.374	10.679	10.007	9.361	8.740
47	11.974	11.259	10.566	9.897	9.253	8.634
48	11.852	11.140	10.449	9.782	9.141	8.525
49	11.727	11.017	10.329	9.664	9.026	8.414
50	11.598	10.890	10.204	9.543	8.908	8.300
51	11.465	10.759	10.077	9.419	8.788	8.184
52	11.327	10.625	9.946	9.292	8.665	8.065
53	11.186	10.487	9.812	9.163	8.540	7.944

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Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

54	11.039	10.345	9.674	9.029	8.411	7.820
55	10.888	10.198	9.532	8.891	8.278	7.693
56	10.730	10.045	9.383	8.748	8.141	7.561
57	10.565	9.886	9.230	8.600	7.999	7.425
58	10.395	9.720	9.070	8.447	7.852	7.284
59	10.219	9.551	8.907	8.291	7.702	7.140
60	10.039	9.378	8.741	8.131	7.548	6.992
61	9.856	9.201	8.571	7.967	7.391	6.841
62	9.668	9.020	8.397	7.800	7.230	6.687
63	9.475	8.834	8.218	7.628	7.065	6.529
64	9.277	8.643	8.034	7.451	6.896	6.367
65	9.074	8.448	7.847	7.271	6.723	6.200
66	8.868	8.250	7.656	7.088	6.546	6.031
67	8.659	8.048	7.462	6.901	6.367	5.859
68	8.445	7.842	7.263	6.710	6.183	5.683
69	8.226	7.631	7.060	6.514	5.996	5.504
70	8.001	7.414	6.851	6.314	5.804	5.321
71	7.771	7.193	6.638	6.110	5.609	5.135
72	7.538	6.969	6.424	5.905	5.413	5.013
73	7.303	6.743	6.207	5.698	5.291	4.906
74	7.064	6.514	5.988	5.577	5.186	4.724
75	6.822	6.282	5.868	5.473	4.994	4.542
76	6.577	6.164	5.768	5.271	4.802	4.361
77	6.464	6.071	5.558	5.072	4.614	4.183
78	6.381	5.851	5.349	4.875	4.427	4.007
79	6.150	5.633	5.142	4.679	4.242	3.834
80	5.919	5.414	4.934	4.482	4.059	3.664
81	5.686	5.192	4.725	4.286	3.876	3.496
82	5.448	4.967	4.514	4.090	3.695	3.330
83	5.206	4.740	4.302	3.894	3.515	3.167
84	4.962	4.511	4.090	3.699	3.338	3.007
85	4.716	4.283	3.879	3.506	3.164	2.853
86	4.472	4.057	3.673	3.320	2.998	2.704
87	4.232	3.838	3.474	3.142	2.838	2.560
88	3.999	3.626	3.285	2.971	2.684	2.423
89	3.775	3.425	3.102	2.807	2.537	2.291
90	3.562	3.232	2.928	2.650	2.396	2.165
91	3.358	3.047	2.761	2.500	2.262	2.045
92	3.163	2.871	2.603	2.358	2.135	1.931
93	2.978	2.703	2.452	2.223	2.014	1.824

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Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

94	2.802	2.545	2.310	2.095	1.899	1.721
95	2.635	2.395	2.175	1.974	1.791	1.623
96	2.479	2.254	2.048	1.860	1.688	1.530
97	2.332	2.122	1.929	1.752	1.590	1.440
98	2.196	1.999	1.818	1.652	1.498	1.354
99	2.071	1.886	1.716	1.558	1.411	1.273
100	1.960	1.786	1.624	1.473	1.331	1.197
101	1.842	1.677	1.523	1.378	1.241	1.127
102	1.730	1.573	1.425	1.285	1.168	1.058
103	1.624	1.473	1.329	1.210	1.097	0.988
104	1.520	1.373	1.252	1.136	1.025	0.918
105	1.420	1.295	1.178	1.063	0.953	0.845

Notes:

1999 United States Life Table for the Total Population and the Female Population

Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table

Annual Rate of Interest = 3.5%

Annual Rate of Escalation = 4.0%

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Example - USL&H

**Usage of: Other than Surviving Spouse Pension Table (Table UIIIM-USLH) &
Survivorship Benefits (Table UIV-USLH)**

Calculation of incurred loss to be reported when benefits are escalated annually payable for life to an injured employee due to a permanent total disability and when, upon death of the employee, benefits are payable to the surviving spouse.

Accident Date	5/30/1997	Policy Effective Date:	1/1/1997
Weekly Wages:	\$300	Injured Worker's Birthdate:	10/21/1963
		Spouse's Birthdate:	7/16/1965

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/1998	7/1999	7/2000
2. Injured worker's age nearest valuation date	35	36	38
3. Difference in ages (Spouse – Employee)	-2	-2	-2
4. Weekly Benefit Payable [66.67% x Weekly Wage x Escalation]	\$208.00	\$216.00	\$225.00
5. Annual Benefit Payable [= (4) x 52]	\$10,816	\$11,232	\$11,700
6. Factor from Table UIIIM-USLH	45.937	44.803	43.677
7. Present Value of Future Payments [= (5) x (6)]	\$496,855	\$503,227	\$511,021
Others			
8. Initial annual survivorship benefit [= 50% x Weekly Wage x 52]	\$27,040	\$28,080	\$29,224
9. Factor from Table UIV-USLH	10.991	10.915	10.837
10. Present Value of Future Remarriage Payment [= (8) x (9)]	\$85,730	\$85,137	\$84,529
11. Payment since Accident Date	\$11,408	\$22,432	\$33,916
12. Total Incurred Indemnity Loss [= (7) + (10) + (11)]	\$593,992	\$610,796	\$629,466

Note:

- Escalation Rate = 0.04